FOR STATE HEALTH DEPT.

HEALTH DEEL

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifiance, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral did for Proge 4 should be forw, led to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 7 flours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 0.3996

1.	L COUNTY	Allega	any	MARYLAND	2. USUAL RESIDENCE (Where deceased I	b. COUNTY		egany			
b	CITY OR TOWN (II	outside corporate limits writ	• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If autside corpora	le limits, write I					
	Cumbe:			23 days	Rural- Cumberland x							
-			If not in hos	pital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
		eart Hosp			R.F.D.	#5 Fair	go		YES NO			
-	NAME OF DECEASED Type or print)	Charle Charle		Middle Robert	Abbott	4. DATE OF DEATH	Month		19 19 58			
5. 5	EX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED 3	DATE OF BIRTH	9. /	AGE (In years out birthday)	IF UNDER TYPE	The state of the s			
	Male	white	WIDOWE	DIVORCED T	ulv 24-19:	33	214 yrs.	Manths Day	ys Hours Min.			
10a	USUAL OCCUPATIO	N (Give kind of work	dane 10b. I	IND OF BUSINESS OR INDUST	RY TT. BIRTHPLACE (STOR	or fareign caunt	7)	12. CITIZEN	OF WHAT COUNTRY?			
l °	Brakema	life, even if retired)		B&O R.Ry.	Romne	ey, W. Va		U.	S.A.			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
-	Robe	rt Abbott			Kath	nleen S	neelma	n				
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. M			Address					
11.01	Yes	Ronean	2	20-28-7622 H	ospital re	ecords-						
	18. CAUSE OF DEAT	H [Enter anly ane cas						1	NTERVAL BETWEEN			
	PART I, DEAT	H WAS CAUSED BY:	Seve	re Concussio	n & contus	sion of	hrain		23 days			
	816×	DUE TO	, = 0.10		22 00 0022 002	32022 02	D4 G111		2) 44,5			
	Canditians, if an		wit	h laceration	of main s	stem.						
	gave rise to immed	iate cause										
	(a), stating the u	inderlying	Col	lision betwe	en two tru	icks.			23 days			
Z	PART II. OTH			INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVE		a) 19. WAS AUTOPSY			
CATION				d fracture c					PERFORMED?			
M	20a. EXTERNAL CAU	SE WAS 20		HOW INJURY OCCURRED. (E				ing w	est.			
CERTIFI	PRIMARY TO OF CONCAUSE OF DEATH.	THE DELLIACE THE		nger in truc			9	~				
3	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d.	NJURY OCCURRED 20e. PLACE	E OF INJURY (Home, for	m, 20f. (City or I	lown)	(Caunty				
MEDICAL	O LLS & MM	* arch 2719	FR at we		rry, street, affice bldg., etc							
1				rk at wark High remains described obo	ve held on Auton	earkaw!	ingg	Alleg	ond in my			
				causes , Accident								
	opinion deam	resorted from:	14010101	doses [], Accident [, solcide [],	Tromicide	j, Onderer	mmed mo	miei [_]			
	ACTUAL A	(1/ Den	un	Mrs.	M.D. CHIEF MEDICAL E	XAMINER 🗆			DATE SIGNED			
	SIGNATURE /	· PV	7	74.00	_M.D. ASSISTANT MEDIC		1					
	EXAMINER'S H .	V.Deming	M.D.		DEPUTY MEDICAL	EXAMINER 3	April	20-19	58			
220		N. 226. DATE THEREC	OF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION			(State)			
1	Burial (Specify)	4/22/58		Rest Lawn Men	orial Garden	ns Cum	berland	. Md.				
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		'D BY REGISTRAR		RAR'S SIGNA	ATURE			
	H. Wayne	George Cu	mber1a	and, Maryland	DATAP	R 2 4 '58	10001	-	9			
-								soul!				



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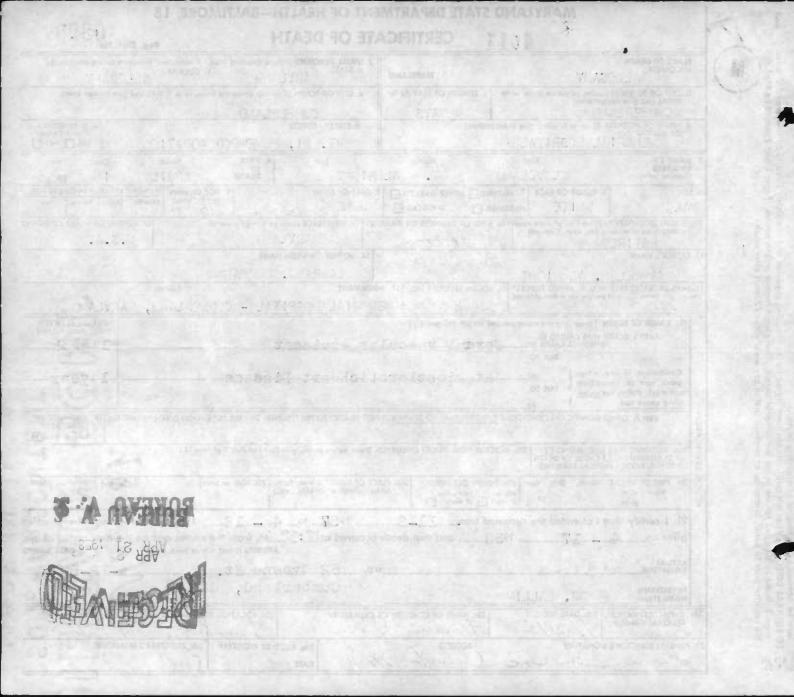
VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4011

		iteg. Dist. ite.
)	1. PLACE OF DEATH 0. COUNTY A LLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 4 DAYS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBER LAND
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS RT. #1, HOMEWOOD ADDITION e. IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)
	3. NAME OF First Middle DECEASED (Type or print) CLEVELAND T. ALE	BRIGHT 4. DATE Month Day Year OF DEATH APRIL 18 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH JUNE 9, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) RETIRED	MARYLAND U.S.A.
	13. FATHER'S NAME BOOKELEPER	14. MOTHER'S MAIDEN NAME
		LAURA J. BUCHANAN NFORMANT Address EMORIAL HOSPITAL - CUMBERLAND, MARYLAND
	cause (o), stating the under- lying couse last. DUE TO (c)	ar accident I week oticHeart Disease 1 year
)	ICATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10 NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctary, street, office bldg., etc.)
1	alive on 4 17 1958, and that death ACTUAL SIGNATURE Raga & Bases PHYSICIAN'S NAME (Type) DR. BALLIN	occurred at 12:32 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 62 Greene St. 4.18.58 Cumberland, Md.
	220. BUTTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE STATE 22c. NAME OF CEMETER 22c. NAME OF THE STATE 22c. NAME OF THE STATE 22c. NAME OF CEMETER 22c. NAME OF THE STATE 22c. NAM	em. Grunfidge Mt. Md
	Laure Stein Inc. (umb)	24a. REC'D BY REGISTRAR 24bCREGISTRAR'S SIGNATURE



ith. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4112 CERTIFICATE OF DEATH

X 110			Keş	J. DIST. NO.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	ere deceased lived. If institution: Re ND b. COUNTY	esidence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF & CUMBER	utside corporate limits, write RURAL RLAND	and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTRUMENTAL HOSPITAL	ddress)	d. STREET ADDRESS 502 CL	JMBERLAND STREET	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First DECEASED (Type or print) MARY	Middle L. AS	Lost SHBY	4. DATE Month OF DEATH APRIL	Day Year 6 1958
5. SEX 6. COLOR OR RACE 7. MARRIE EMALE WIDOWED	7.7	B. DATE OF BIRTH AUGUST 8,18	1 4 2 44 4 4	NDER TYEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10b. K during most of warking life, even if retired) Gro	cery Store	STRY 11. BIRTHPLACE (State CELK GARDE		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME CHARLES ASHBY		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) (If yes. give wor or dates of service)	0CIAL SECURITY NO. 17. II	MEMORIAL HOSPI	Address TAL - CUMBERLAND), MD.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last. (c)	IREKILA	AND AR	TERIOSCLEROT. RENAL DISERS	INTERVAL BETWEEN ONSET AND DEATH OF GROWN
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT			PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJ	JURY OCCURRED 20e. PL. Nat while fac	ACE OF INJURY-(Home, farm, ctary, street, affice bldg., etc.	201: (City of town)	(County) (State)
21. I certify that I attended the deceased alive an TAPA 19.55 19.55 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR. S.G. WEISH	, and that death	accurred at 5:25 A	AM, from the causes and and anomess (Street, city or town, state)	on the date stated above
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O 8 Nethen Hi	R CREMATORY	22d LOCATION (City, lawn, or cau Elk Garden	inty) Va (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	ADDRESS Cumberland,	Md . 240. REC'E	BY REGISTRAR 246. REGISTRAR	'S SIGNATURE

PLANT OF DEATH

OBIVISIDE IN 1888

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	12 0	10	- OBITTI		L OI DEAII			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allega	ny	MAR	rLAND 2	o. STATE Mary	land	lived. If institution b. COUNTY		before odmi	
b. CITY OR TOWN RURAL and give n		ts, write	2/20/58	IN 16	c. CITY OR TOWN (IF or	utside corporo		URAL ond giv	re nearest tov	rn)
	TAL (If not in haspital, a			mary	d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Grac	9	Middle Nell	Lie	Ball	4. DATE OF DEATH	Mon Apr		Day 7,	Yeor 19 58
Female	6. COLOR OR RACE White	WIDOWE	DIVORCE	D 🗆	3/28/1884		AGE (In years Jost birthdoy) 74 yrs.		YEAR IF UNI	1
100. USUAL OCCUPATI during most of wor Housewif	rking life, even if refired	dane 10b. K	CIND OF BUSINESS O	OR INDUSTR	Pennsyl		ntry)		S.	
13. FATHER'S NAME	Jacob Le		4		4. MOTHER'S MAIDEN N					
			a				rpente			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO		RMANT P. O. llegany Co			es Cum ary R		
Conditions, if a gove rise to cause (a), staling lying couse lost.	the <u>under-</u> DUE TO	Ges	eeph	l'él	is.		usle			
STATE OF THE STATE		DITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIV	EN IN PART 1	PERF	ORMED?
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED. (Enter nature of injury in P	ort I or Part II	of item 18.)			
YOC. TIME OF INJUI Hour o. m. p. m.	RY Month, Day. Yes	While of wark	JURY OCCURRED Not while at wark	20e. PLACE factor	OF INJURY (Home, form, ,, street, office bldg., etc.)	20f. (City o	r town)	(Co	unty)	(Stole)
21. I certify the alive an	nat lattended the 17/58	19_ Key	and that	death ac	49 Gr	ADDRESS (Street	the causes a et, city or town,		date stat	e decease led above DATE SIGNER
220. BURIAL, CREMATIC	Dr. Lee		22c NAME OF CEM	ETERY OR C		rland	N (City, town, o	or county)	(Sto	ote)
Burial Specify		0,19		Hill	Cemetery	Hudso	on, Ohio			
23 FUNERAL DIRECTOR	// A //	ndma	n, Pennsy	lvani		PR 1 1	18 246 MGGIS	trad's sign	LL A	

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VS A15 (4) 15M 10/57

. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4914

CERTIFICATE OF DEATH

					Keg. Dist. No.
PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Allegany
RURAL ond give	(If autside carporate fimits, w nearest town) erland	3/3/58	c. CITY OR TOWN (If o	utside corporate limits, write RU burg	RAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	Allegany C		d. STREET ADDRESS BOX	352, RFD #1	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Hestê	Middle D J e	Barber	4. DATE Month OF DEATH April	Doy Yeor 14, 19 58
5. SEX Female		MARRIED NEVER MARRIED DOWED DIVORCED	6/16/1872	9. AGE (In years last birthdoy) 85 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of wo	ION (Give kind of work done orking life, even if retired) SOWIFE	10b. KIND OF BUSINESS OR IND	Loar Town	, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
15. WAS DECEASEDEN	Shadwick L /ER IN U. S. ARMED FORCES: If yes, give war or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT P.O.BO	th Humbertson x 599 Address nty Infirma	" Cumberland, Mo
Conditions, if gove rise to couse (o), stotim lying couse lost	g the under-	General.	elerose	o, Chronie	
CATIC					N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING () IG () CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURE	(ED. (Enter nature of injury in t	ort I or Parl II of Hem Hs.)	
ZOC. TIME OF INJU	. 10		PLACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State)
21. I certify alive on	that I attended the de		th occurred at 4:30	M, fram the causes an ADDRESS (Street, city or town, street)	
PHYSICIAN'S NAME (Type)	Dr. Lee B	. Mathews	Cumb	perland, Mar	yland
22a. BURIAL, CREMATI REMOVAL (Specif BULLIA)		22c. NAME OF CEMETERY Loar Cen	or crematory netery	22d. LOCATION (City, town, or Vale Summi	10.0.01
23. FUNERAL DIRECTO		ADDRESS Frostburg Mo		PRY REGISTRAR 726. REGIST	TRAR'S SIGNATURE

Arrana 12 V (dee LOSE ELECTRON EST TRANSPORTER IN SEC. N. race and educate a document of , a reduce the later of the state of the stat 6361 21 2...

John J. Hafer, Cumberland, Maryland

e. IS RESIDENCE ON A FARM?

YES R NO

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U.S.A.

(County)

INTERVAL BETWEEN

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PERFORMED? NO PR

(State)

and in my

DATE SIGNED

(Stote)

IF UNDER 24 HRS.

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VS. AISME

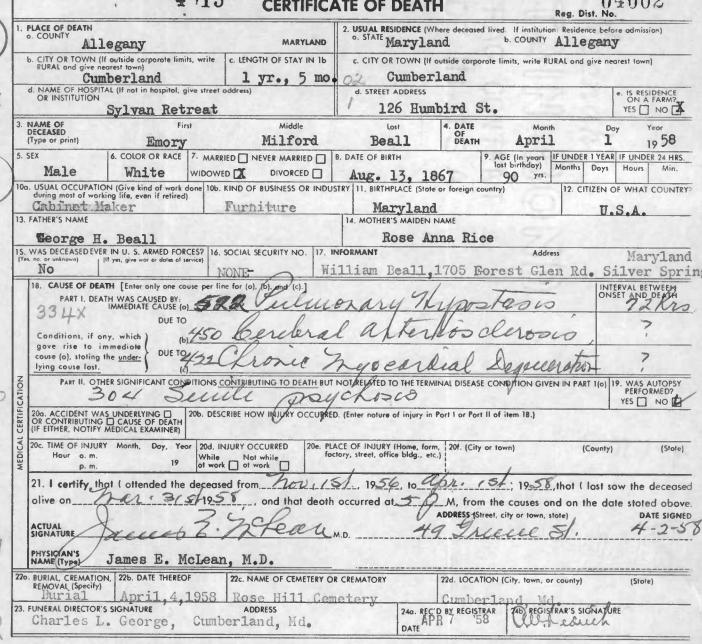
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VS A15 (4)

15M 10/57

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	signed by the attending physician and campletely filled in by the furtiral director,	it permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	(
	the fun	should	
	in by	and 2	
	ly filled	Pages 1	
	complete	papers.	oth.
	ion and	carban	nd in any event within 72 haurs after death.
	g physic	remave	2 haurs
	attendin	please	within 7
	y the c	Then	event
	gned b	permit.	in any
:	.2	=	D

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4915 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany Allegany MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland l vr. mo d. STREET ADDRESS IS RESIDENCE ON A FARM? 126 Humbird St. Sylvan Retreat YES NO Z First Middle 4. DATE Lost Month Day Yeor OF DEATH April 19 58 Milford Beal 1 Emory 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min B. DATE OF BIRTH Doys Hours White WIDOWED A DIVORCED | 1867 90 YES. 12. CITIZEN OF WHAT COUNTRY? Furniture Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Rose Anna Rice 17. INFORMANT Address Maryland William Beall, 1705 Borest Glen Rd. Silver Spring. NONE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Port 1 or Port II of item 18.) Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) While Not while of work of work p. m. 1958, that I lost sow the deceased ond that deoth occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED James E. McLean, M.D. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Rose Hill Cemetery Cumber Land



tel, or other	NO DE HEALTH - SALTRADO	STATE OFFATERS	DIAIVAAN
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	Smiles and		
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of south to Epo-	Pursual Egity Care mish		
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DECENE			The state of the s
aciulii Tu Misa			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4916 **CERTIFICATE OF DEATH**

Reg. Dist. No. 24003

)	o. COUNTY	ALLEGANY		MARY	LAND	2. USUAL RESIDENCE (WO. STATE MARYL		lived. If instituti b. COUNTY		EGAI		ion)
	b. CITY OR TOWN (IF	outside corporate limi crest town) LAND	ts, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond	give nec	rest town	1)
	d. NAME OF HOSPITA	AL (If not in hospital, g MORTAL HOS	PITAL	oddress)		d. STREET ADDRESS	WASHIN	GTON STR	EET			FARM?
3.	NAME OF DECEASED (Type or print)	Fie		Middle E •	BE	RRY	4. DATE OF DEATH	Mor APR		Do		Year 19 58
5.	MALE.	6. COLOR OR RACE	7. MARR	DIVORCED	-	JUNE 11		9. AGE (In years lost birthdoy) 78 yrs.	IF UNDER	Days	Hours	ER 24 HRS. Min.
L		N (Give kind of work ing life, even if retired	done 10b.	COURT HOUS	NBUS SE O		INIA	ountry)	12. CI	U.S		COUNTRY
13	CHARLES	H. BERRY				14. MOTHER'S MAIDEN SUSAN BO						
	. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dotes of s		SOCIAL SECURITY NO.		IFORMANT EMORIAL HOSP	ITAL -	CUMBERL		MD.		
	Conditions, if on gove rise to in couse (o), stoting t lying cause lost.	nmediate (2	rteri	a p	elera	de in	,		1	10-	2-1
CATION			DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS PERFO YES [RMED?
MEDICAL CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. m. p. m.			JURY OCCURRED Not white	20e. PLA	CE OF INJURY (Home, for lory, street, office bldg., et	m, 20f. (City	- AV /-	(1	County)		(Stole)
77	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DIRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZANX D	R. R. J. W	ILLI		ADDRESS (SI	the causes of eet, city of fown,	stote)		te state	ate signe
L	SEMOVAL (Specify) FUNERAL DIRECTOR'S	April 17,	1958	Rose H	I II	Cemetery	Cur	nberla	ind	-	md md	
23.	Louis.	Stem.	In	. Cumbe	ila		APR 1 8	58 246. REGIS	STRAR'S SIG	SNATUR	5	



MARYLAND STATE DEPARTMENT OF HEALTH OF THE MINISTER OF THE

LECTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1017
CERTIFICATE OF DEATH

Item 7, Firm G227,

04004

	4 1	-										
. PLACE OF DEATH	1		MARY	LAND	2. USUAL RESIDE		_	b. COUNT			dmission)	
	legany				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If a	outside corp	prote limits, write	RURAL ond g	jive nearest	town)	
Cumberla	nd		1 5 days				rland.					
	ITAL (If not in hospital, o				d. STREET AD					e. IS RESIDENCE ON A FARM? YES NO		
Sa	cred Heart	Hosp	ital		220	Pac	a Str	et		10	3 [140.45]	
3. NAME OF DECEASED (Type or print)	FDWART	rst	Middle Henry		BORGMA	N	4. DATE OF DEATH	Mo	nth oril	Day	Yeor 188	
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED [B. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER	TYEAR IF L	JNDER 24 HRS.	
26.3		WIDOW		2.0			/			Days Ho	ours Min.	
Male	ION (Give kind of work	1				7,1		-		751 05 14	HAT COUNTR	
during most of wo	orking life, even if retired	done Tub	KIND OF BUSINESS O	K INDU	SIRT II. BIRTHPLA	CE (21016	or toreign t	country)	12. СП	IZEN OF W	HAI COUNIK	
Filtration	employee		Celanesa	Cor	p. Pitts	burg	. Pen	na.		ILSA		
3. FATHER'S NAME					14. MOTHER'S A	MAIDEN N	NAME			0 8 11 8 11		
Sylve	ster Borema	n			1	Annie	Grea	ser				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO	. 17. 1	NFORMANT	-	ing in the	Ade	dress and	1	Carrie	
(Yes, no. or unknown) No	(If yes, give war or dates of	2	14-07-1637	Mr	. Eugene	S. I	Borgma	n 1808 A	rcola	Ave.,	Springs Md.	
18. CAUSE OF DE	EATH [Enter only one co	ouse per f	ine far (o), (b), and (c).]							AL BETWEEN	
PART I. DE	ATH WAS CAUSED BY:		On los	tui	Stroke					CINSEL	3	
3344	IMMEDIATE CAUSE (d		agrifue							7 -	0	
1 1	DUE TO	,	6 - 1	-0	1	ŧ				1		
Conditions, if) (rtain at	m	merlen	200	7			12	car	
gove rise to couse (a), stoting				0	//					0		
lying couse lost		:)		,								
	THER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEA	SE CONDITION G	VEN IN PART	1(o) 19. V	VAS AUTOPSY	
OATIO			CONTRIBUTION TO U.S.				., , , , , , , , , , , , , , , , , , ,		1214 114 114	P	S NO	
PART II. O' 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of	injury in	Port I or Po	rt II of item 18.)				
	JRY Month, Doy, Ye		INJURY OCCURRED	20e. PL	ACE OF INJURY (H	ame, farm	n, 20f. (Cit	y or town)	(0	ounty)	(Stote)	
Hour o.m.	10	While of wo		100	ciory, sireer, diffice	biag., erc	1					
	that I attended the	decea	sed from 3 -	30	1958	to 6	4-4-	1058	that I I	last saw	the decease	
	4-4-		7			0						
alive an	9-1-1	, 19_	$\frac{10}{10}$, and that	death	accurred at_					ne date s		
	4 1	*				1	ADDRESS (Street, city or town	, stole)		DATE SIGNI	
ACTUAL SIGNATURE	K. VM	in			M.D. 576	Meen	u 1/1	Chuni	sula	und.	11/4-5	
PHYSICIAN'S				8 1								
NAME (Type)	Dr. L. Br						57 Gre	ens Stre	et			
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THERE	OF .	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(Stote)	
Burial	4/8/58		St. Ambre	ose	Cemetery		Cre	saptown,	Mary1	and		
3. FUNERAL DIRECTO			ADDRESS			24a. REC'	D BY REGIS	TRAR 24b-REG	ISTRAR'S SIC	SNATUKE		
H. Wayne	George Cu	mberl	Land, Md.		37.	DATE A	DR 8	158 Cl	fed	uch		
	9				and the second second	DUIL H	ALU O	00				

TO HOSPITAL OR AT TABING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by thospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the feneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

AND THE RESIDENCE OF THE PARTY AND THE RESIDENCE OF THE PROPERTY OF THE PROPE BUREAU V. S. APR 8 1958 BOETAF marker the property of the contract of the con . If the find of the party of the life, if

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess to please execute the certified, writing the word "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral director of the should be forwarded to the Chief Medical Examiner. Office, along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunditransity permit. File pages 1 and 2 with the State Board of Hoeths, are its designated agent, prior to burial, cremation, or referred, any event within 72 hours after death. Ret

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

•	1. PLACE OF o. COUNT		Allegany		MARYLAND	2. USUAL RE o. STATE		Vhere deceased	sed lived. If institu b. COUNT		lence bei		ission)
	b. CITY OI and give	town (fautside corporate limits, w	rite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland							
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 37 Browning St.				d. STREET		ning	St.			ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or p		Wei	ty	Weidner	Bucy		4. DATE OF DEATH	Mog!	pril	2	K	¹⁰⁰¹ 58
	5. SEX male	9	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED B	Oct.3	L-188	39	9. AGE In years lost birthday 68 yrs.	Months	Doys	IF UND Hours	ER 24 HRS. Min.
i	red -E	Lécti	on (Give kind of wor no life, even it retired Tic Crane	oper	ind of business or indust ator			eck, Mo			S.		COUNTRY?
	13. FATHER'S		on B.Bucy	7		14. MOTHER'S Maj	MAIDEN N						
	15. WAS DEC	nown)	ER IN U. S. ARMED F	Anning to	6-10-1211 (si	ster)	Grace	A.W	olford,		erla	and	,Md.
		ART I, DEA	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (coronary oc	eclusio	on				INTER	Sudo	len
	Conditi-	ons, if o	diote couse	b)	Coronary so	eleros	İs					?	
٥	couse le	ost.	onderlying)	(c)	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR		P. WAS PERFO	AUTOPSY PRMED? NO [*]
		ERNAL CAL OF CO OF DEATH.	USE WAS NTRIBUTING	20b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of in	ijury in Parl	l or Part II	of item 18.)				
	20c. TIMI	e OF INJU	RY Month, Day, Y	While	Not while tacte	E OF INJURY (ory, street, office	Home, form bldg., etc.	20f. (City	or town)	(Co	unty)		(Stote)
	opinio	21. I certify that I took charge af the remains described above, held on Autopsy, Inspection*, Inquiry*, ond in my opinion death resulted fram: Natural causes*, Accident, Suicide, Hamicide, Undetermined manner											
2	EXAMIN NAME (1	URE	H.V.Demir		J. M.D	_ M.D. ASSISTA	NT MEDICA	AMINER [] AL EXAMINE EXAMINER [28-	195	B ATE S	IGNED
	Buri	CREMATIC Alpocify	May 1	,1958	Hillcrest C		У		TION (City, hown, lberland			(Stote	e)
	Janeral Jar	W-CLL	S SIGNATURE	lar H	ADDRESS Iyndman, Pa.		240. REC'S	BY REGIST		STRAR'S SIG	GNATUR	E	
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	to A. Explication of the design of the desig			
		A CONTRACTOR OF THE PARTY OF TH	For Personal Species 71	

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ist. No.

401	g CERTIFICA	ATE OF DEATH	R	leg. Dist. No.					
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	d deceased lived. If institution:	71 71					
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Cumberland	40 years	o@ Cumberland							
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	re street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Sacred Heart Hos	spital	37 Boon	e Street	YES NO					
3. NAME OF First DECEASED (Type or print) SARAH	M. BUTT		DATE Month OF DEATH April	Day Yeor 15, 1958 19					
	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.					
Bemale White	WIDOWED DIVORCED	July 6,1872	yrs.	Months Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Hpusewife	Own Home	West Vi	rginia	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM							
Robert D. Noland		Eliza	abeth J. Moo	re					
15. WAS DECEASED EVER IN U. S. ARMED FORC	vice)	INFORMANT	Address						
No	None	Paul A. Butts	s Cumberla	nd, Md.					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cose (o), stating the under- lying couse lost. Co.	Certerion	l Alra eleros	have	ONSET AND DEATH					
ICATIO	ITIONS CONTRIBUTING TO DEATH BU			IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Por	I I or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)					
21. I certify that I attended the	deceased fram 3/2/5	4 , 19 , ta 4/	15/5% 19 1	hat I last saw the deceased					
actual signature Physician's NAME (Type)	, 19 , and that death			d on the date stated above.					
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT1a1 4/18/195		Cemetery 2	d. LOCATION (City, town, or country)						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	249. REC'D 8	Y REGISTRAR 24b. REGISTR	AR'S SIGNATURE					

Cumberland, Md.

DATE APR 2 1 '58

TO FUNERAL DIRECTO

the registrar prior to burial,

Byron Kight

Page 4

The law requires that the death certificate be executed within 24 haurs ofter

attending physician and campletely filled n please remave carbon papers. Pages 1

permit. Then please remave carban papers. in any event within 72 haurs ofter death.

filed

VS A15 (4) 15M 9/55

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	The state of the s		100 A (2 a) (2 a) (3 a) (4 a)	
	The Date of the Control of the Contr	Georgie Marie		
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	ng Hoose Lan			
GEIVERS 1958			A Company of the Comp	

MEMORIAL & WARWICK AVES., SOM MARYIAND AVE., SON ARE		Z 100			Children of the Carlo Carlos of the	Reg. Dist. N	lo.			
CUMBERIAND d. NAME OF HOSPITAL REVERTED. HOSPITAL PROSPETATION. d. STREET ADDRESS DO NATION MEMORIAL & WARWICK AVES., MEMORIAL & WARWICK AVES., S. SENDER S. SENDERS OF LOTHER SCHOOL REVER MARKED NOTE AND AVES., S. SEX G. COLOR OF RACE 7. MARRED NOVER MARKED DATE OF BIRTH MONTH S. AGREED NOVER MARKED DIVORCED S. AGREED S. AGREED DIVORCED S. AGREED DIVORCED S. AGREED DIVORCED S. AGREED DIVORCED S. AGREED S. AGREED DIVORCED DIVO	a COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYLAND						
MEMORIAL & WARWICK AVES. MARKEGS First Modelle Lost Lost Doty First North Doty Part Lost Doty Doty Doty Doty Doty Doty Doty Part Lost Doty	b. CITY OR TOWN RURAL and give CUMPI	(If outside corporate limits, wrinearest town) CRIAND				JRAL and give I	nearest lown)			
COLOR OR RACE 7. MARRIED NOVER MARRIED S. DATE OF BIRTH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19. WAS AUTHOR OF INJURY MONTH OUR TO Work Day or Institution of Injury in Part 1 (s) 19. WAS AUTHOR OF INJURY MONTH, Day were of doing of work of the work of the work done during most of working life, even if retired) Cumb Police Dept Oakdale Penna 12. CHIZEN OF WHAT COURTED Oakdale Penna 12. CHIZEN OF WHAT COURTED Oakdale Penna 14. MOTHER'S MAIDEN NAME NO NO Oakdale Penna 14. MOTHER'S MAIDEN NAME Oakdale Penna 14. MOTHER'S MAIDEN NAME Oakdale Penna Oakdale Oakdale Penna Oakdale Penna Oakdale Oakdale Penna Oakdale Oakdale Oakdale Oakdale Penna Oakdale Penna Oakdale O				1	RYIAND AVE.,		e. IS RESIDENCE ON A FARM? YES NO 14			
MALE WHITE WIDOWED DIVORCEDY Mar. 28, 1888 70 yr. Months Days Hours Double Dept 100 JUST DOUBLE DEPT DEPT DEPT DEPT DEPT DEPT DEPT DEP	DECEASED				4. DATE Mon OF DEATH April					
ACTUAL SEGNATURE ATTEMPT AND COMMENS Cumb Police Dept Oakdale Penna U. S. Ame U. S.					last birthday)					
LORENZO D. CHAMBERS S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. (If yes, give wor or dains of service) None None George K. Chambers Paw Paw. W. Va.	during most of wo	orking life, even if relired)								
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or didus of service) No. 0 (If yes, give wor or or didus of service) No. 0 (If yes, give wor or or or didus of service) No. 0 (If yes, give wor or o	3. FATHER'S NAME	LORENZO D. C	HAMBERS							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: UNSET AND DE DUE TO Conditions, if ony, which gave rise to immediate couse (b), stoling the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0) [19. WAS AUT PERFORM YES NOT NEIBUTING CONTRIBUTING CONTRIBUTION CO	(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (It yes, give wor or dates of service)		INFORMANT						
20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While at work of two	gave rise to couse (o), stoting lying cause last	gave rise to immediate couse (o), storing the under								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two work of work	PART II. O	THER SIGNIFICANT CONDUTION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO			
Hour a. m. 19 While of work of work 19		/AS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	art I or Part II of item 18.)					
alive on	20c. TIME OF INJU Hour a. m. p. m.	. W	/hile Not while fo			(Count	ty) (Stote)			
PHYSICIAN'S GEORGE N. SIMONS CLIMBER (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Sigte)	alive on	alive on \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
	PHYSICIAN'S NAME (Type)			Limb	my portur	21				
Burial 4/11/58 Rice Cemetery Williams Rd. near Cumberland	REMOVAL (Specify	v) A A								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George Cumberland. Md. 240. REC'D BY REGISTRAR 240 REGISTRAR 240 REGISTRAR 3. SIGNATURE.				24a. REC'D	BY REGISTRAR 246 REGIS	TRAR'S SIGNA	ENBE-			

Page 4 TO HOSPITAL OR ATTER DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dath. Page 4 may be retained by hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours often-death.

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VS A15C 1-55 10M

DATE

CERTIFICATE OF DEATH

4098	IIFIC	AIE	OF	DEA	, III	teg. Dist	. No	
1. PLACE OF DEATH			2. USUAL	RESIDEN	ICE (HOME) OF	PECEASE)	
COUNTY Allegany	MARYLA	ND	STATE	Maryl	and COUNTY	Alle	gany	
CITY (If outside corporete limits, write RURAL OR end give naerest town)	LENGTH OF		CITY (if	outsida corpo	rata limits, write RURAL	end give nae	rest town)	
TOWN Cresaptowm	28:	nyear		Cresa	ptown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		(If rural g	ive location)		
	Aiddle)		(Lest)		4. DATE (MC	onth)	(Day)	(Year)
(Type or Print) Loretta May Cor:	ley				DEATH	April	1	19 58
5. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVO	D, DRCED	B. DATE O	F BIRTH		9. AGE last birthday	IF UNDER		IF UNDER 24 HRS Hours Min.
		Nov.	8,1874		83 yrs.	Months	Deys	Mours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KINE	OF BUSINESS		11. BIRTHPLACE	(Steta or forei	gn country)	12	COUNT	OF WHAT
	anese		Buffalo	Mil.	ls,Pa.		US	A
13. FATHER'S NAME			14. MOTHE	R'S MAIDEN	NAME			
John W. Stouffer					olford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECUR			DRMANT & A			353	
(Yes, no, or unk.) (If Yes, give wer or deles of service)	214-07-	-3544	Paul	Corl	ey, Cresa	ptowr		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OVER 1. OVER							T AND DEATH	
S A MIMEDIATE CAUSE (A)							2 -	2007
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	neral ar	rterio	sclerosi	5			2 2	yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	MAL							
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION	- 11-					YES	AUTOPSY?
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		7	21c. WHERE DID II	NJURY OCCUI	R? (City or town)	(Cour	nty)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. at wo		while	21f. HOW DID IN	IJURY OCCUI	R?			
22. I hereby certify that I attended the decea	sed from		, 1956	, to 3/	31/58,19	, that 1	last saw	the deceased
alive on \$157	that death o	ccurred at	59 2ng	from the c	causes and on the RESS (Streat, city, to	date state	d above.	ATE SIGNED
Burial, cremation, Burial (SPECIFY) Apr. 3, 1958	Lybar			7	Bufflao			(Stete)
24. REC'D BY REGISTRAR APB 7 '58 REGISTRAR'S SIGNATURE			725 FUNERAL		-/ - //		ADDRESS	

ALABYLAND STATE DEPARTMENT OF HEALTS SALTENDED, 10

CERTIFICATE OF DEATH

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Mary Wollfore

Pld-CT-354d Paul Corley, Cues ntown, Nd.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		402	1	CERTI	FIC	ATE OF DEATH			Reg. D	ist. No	040	109
1	PLACE OF DEATH o. COUNTY	ALLEGANY		MARY	LAND	2. USUAL RESIDENCE (Where a. STATE MARYLAND	e deceased	b. COUNTY		EGAN		ion)
7	b. CITY OR TOWN (IN	f outside corporate limi prest town) RLAND	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If our		rote limits, write R	URAL ond	give ne	arest town)
	OR INSTITUTION	AL (If not in hospital, g	'AL	address)		d. STREET ADDRESS ROUTE #1	Cas	h Valley	Road	1		FARM?
3.	NAME OF DECEASED (Type or print)	Fir JAN		Middle EARL	C	ROSTEN	OF DEATH	Mon A P F		4		Yeor 19 58
	MALE MALE	6. COLOR OR RACE	WIDOWI			B. DATE OF BIRTH APRIL 6, 1901		9. AGE (In years last birthdoy) 56 yrs.	Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
I	former tire	ing life, even if retired		elly-Tire		PARSONS,	W.V/		12. C		A.	COUNTRY
13.	JOHN W.	CROSTEN				MARY ELIZ		Lee				
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO 17-10-1340		MEMORIAL HOSPI	TAL -	- CUMBERL		MAR	YLAN	D
		TH [Enter only one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	- ()	refor (0), (b), and (c).	/	least Faile	675			ON:	ERVAL BE SET AND	DEATH
	Conditions, if or gove rise to in cause (o), stoting lying couse lost.	ny, which (b		Chem	rea	i Heart b	hoed		1,5	60	ule	ulle
CATION	PART II. OTH	HER SIGNIFICANT CON			TH BU	NOT RELATED TO THE TERMIN	AL DISEASE	E CONDITION GIVE	EN IN PA	RT 1(a)	PERFO YES	RMED?
L CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in Po	rt I ar Port	II of item 18.)		K		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRED Not while of work	20e. Pl	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify the alive on	ot attended the	decease , 12		death		M, from	the couses of the couse of	nd on	lost so	te stote	decease ed obove ATE SIGNE
	PHYSICIAN'S NAME (Type)	DR. WEISMA	N			Centell	erla	end, h	uf	/		

220. BURIAL, CREMATION, REMOVAL (Specify) 4/7/58

22c. NAME OF CEMETERY OR CREMATORY Rest Lawn Memorial Gardens

22d. LOCATION (City, town, or caunty)

23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumberland, Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE APR 8

Cumberland, Maryland REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

TO HOSPITAL OR

CENTIFICATE OF DEATH

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USI VISIDE 8 1950 V. V. UAIRU

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04010 CERTIFICATE OF DEATH 4922 Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND ALLEGANY CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
CUMBERLAND should 34HOURS CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Id. STREET ADDRESS . IS RESIDENCE 62 ON A FARM? SACRED HEART HOSPITAL 203 PENNSYLVANNIA AVE. YES NO IN 2 NAME OF First 4. DATE Middle Month Day Year DECEASED OF DEATH T. 1958 WILLIAM APRIL CROSTION (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIES A. B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years lost birthdoy) Days Hours Min /24/01 MALE WHI II8 WIDOWED | DIVORCED T 56 Y FS popers 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? eath MARYLAND, Cumberland USA Employed self puo Musician pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM CROSTON MARY ZILER (DECEASED (DECEASED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None PT'S CHART No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO permit. Canditians, if any, which gave rise to immediate DUF TO cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of wark of work 21. I certify that I attended the deceased that I last saw the deceased and that death occurred M, from the causes and on the date stated above. ACTUAL DIREC pe pride 3 should PHYSICIAN'S FUNERAL MES JOHNSON. JR., M.D. GREENE ST., CUMBERLAND, MD. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cumberland Maryland St. Mary Cem. 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR Scarpelli Cumberland. Md. APR 9 VS A15 (4) DATE

CERTIFICATE OF DEATH BUREAU K 8561 6 APA

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	1. PLACE OF DEAT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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4174				Keg. Dist. N	0.
PLACE OF DEATH COUNTY ALLOgany	MARYLAND	2. USUAL RESIDENCE (WI o. STATE	here deceased lived. If insti b. COUN		fore admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Cumber Land	c. LENGTH OF STAY IN 16	1	outside carporote limits, writ		earest town)
d. NAME OF HOSPITAL (If not in hospital, give street INSTITUTION	oddress)	d. STREET ADDRESS	BIS SECTION AND		e. IS RESIDENCE ON A FARM? YES NO
Sacred H eart H ospital	40.146		George St.		
DECEASED (Type or print)	Middle T.	losi Davis	4. DATE OF DEATH	Manth (Poy Yeor T2 19 58
SEX SECULOR OF RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1 YEA	R IF UNDER 24 HR
Male White WIDOWE		April 24,1		yrs.	
a. USUAL OCCUPATION (Give kind of wark done during most af warking life, even if retired)	O R. R.	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNT
FATHER'S NAME		W Va -NE	VAME	U.D	lefte
Jefferson Davis		Anna Ball			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
ns, no, or unknown) If yes, give war or dates of service)		Mrs. Leonar	d L. Davis	,Cumber]	land, Md.
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne far (a), (b), and (c).]	last fail	are	IN Or	TERVAL BETWEEN NSET AND DEATH
431X DUE TO	To F	1.6.		6	21,006
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	and my	Could be			neers
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	Not while fa	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc		(Count)	r) (Stote
21. I certify that I attended the decease alive on	ed from $4-6-$ 8, and that death		M, from the cause		ate stated aba
ACTUAL & Ming	9	M.D. 57 Green	ADDRESS (Street, city or too	who states	Med 4-12
PHYSICIAN'S NAME (Type)					
Burial, Cremation, 226. Date thereof REMOVAL (Specify) Burial 4-15-58	22c. NAME OF CEMETERY C	or CREMATORY S Cemetery	22d. LOCATION (City, fow		(State)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNATI	IDE /
	Cumberland,		APR 1 6 '58	Medi	ch

CERTIFICATE OF DEATH

BUREAU V. E.

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FOR STATE HEALTH DEPT. Poge

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 A 02 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	3 :40						Reg. Dist.	No.	
PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deced	sed lived. If instituti	on: Residence	before admission)	
o. COUNTY	Allega	anv	MARYLAND	o. STATE	Wd.	b. COUNTY	Alle	egany	
b. CITY OR TOWN (I	If outside corporate limits.		c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside co	porote limits, write R			
Cumbe	-		19 vrs	Rural-	Cumber	land			
The state of the s		N (if not in ho	pital, give street address)	d. STREET ADDR		3712		e. IS RESIDENCE ON A FARM?	
.at Sacre	d Heart	Hospi	tal	Rt.Bo	wmans_	Addition		YES NO	
3. NAME OF DECEASED		First	Middle	Lost	4. DATE	Month	1	Doy Yeor	
(Type or print)	T.103	rd .	Soloman	Diehl	DEATH	Apri	1	27 19 53	
S. SEX	6. COLOR OR RA	CE 7. MARRI	ED . NEVER MARRIED	B. DATE OF BIRTH		Last hilabella h	FUNDER TY		
male	white	WIDOWE	D DIVORCED	Tune 9-18	98	59 yrs.	Months Da	ys Hours Min.	
Oa. USUAL OCCUPATI	ON (Give kind of w	ork done 10b.	CIND OF BUSINESS OR INDU		(State or foreign	country)	12. CITIZE	N OF WHAT COUNTRY	
	enter			near-	Buffaho	Mills,	Pa 1	U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIL		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, , , , ,		
Sam	uel Diel	1]		T	da Hyde	3			
15. WAS DECEASED EN	ER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	a a a	Address			
no	III yes, give war or dat		14-05-7616 C	ards in c	ard cas	se.			
	ATH (Enter only one		for (o), (b), and (c).	arus au	ara ou	~		INTERVAL BETWEEN	
	TH WAS CAUSED 8	Y: a		lucion				ONSET AND DEATH	
420.1 DUE TO CORONARY OCCLUSION								sudden	
Company relement								9	
gave rise to imme	diote couse		or onary scr	210318			-		
(a), stating the	underlying DUE		rterioscler	ngig				2	
Z PART II. OT	HER SIGNIFICANT		ONTRIBUTING TO DEATH BUT		TERMINAL DISEA	SE CONDITION GIVE	N IN PART 10	al 19, WAS AUTOPSY	
OF I								PERFORMED?	
PART II. OT	USE WAS	206. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port I	l of item 18.)		THE THE REAL PROPERTY.	
200. EXTERNAL CA	INTRIBUTING [
	JRY Month, Doy	Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home	, form, 120f, (Cit	v or town)	(County	(Stole)	
Hour o.m.		Whil	Not while fa	ctory, street, office bldg)., elc.)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	hat I taali aha		remoins described ab	ava hald as Au	10000		1		
				_		nspection [4],	Inquiry		
opinion deoth	resulted from:	Notural	causes 1x. Accident	, Suicide	J, Homicide	Undeter	mined ma	nner 🔛	
ACTUAL SIGNATURE	HVD	emir	4 HD.	M.D.	CAL EXAMINER			DATE SIGNED	
EXAMINER'S		1	1		MEDICAL EXAMIN				
NAME (TypeH .	V.Deming				PICAL EXAMINER	- AUI I		58	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	1		8 Dry Ridge			lanns Choi		ennsylvani	
John J.	rs signature lafer,	Sumberl	and, Marylan	d 240.	MEC'D BY REGIS	TRAR 246 REGIST	RKR'S SIGNA	U .	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessive the certification within 24 hours after death. If ony delay is necessated to the control of the c VS. A15ME 5M 2/57

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4926

Reg. Dist. No.

Allegany b. CITY ONN (If outlied copporate limits, write c. LENGTHO 5 STAT IN 16 C. LITY ON (If outlied copporate limits, write RURAL and give necessal fown) C. LITY ON (If outlied copporate limits, write RURAL and give necessal fown) C. LITY ON (If outlied copporate limits, write RURAL and give necessal fown) C. LITY ON (IF outlied copporate limits, write RURAL and give necessal fown) C. LITY ON FORM (If outlied copporate limits, write RURAL and give necessal fown) C. LITY ON FORM (If outlied copporate limits, write RURAL and give necessal fown) S. SER ALL COLOR OF RACE AMERICAL COLOR OF RACE AMERICAN COLOR OF RACE AMERI		1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
SUNAL ord give interest lover) Cumberland		Allegany	
AMANG OF PROSPITE (Find in hospital, give street address) 7 318 Grand Ave. 7 318 Grand Ave. 8 318 Grand Ave. 9 4 Accident Ave. 9 5 Accident Ave. 9 6 Accident Ave.		RURAL and give nearest town)	
SING Grand Ave SING Grand Ave SING Grand Ave SING FARMY SING STAND SING Grand Ave SING FARMY SING STAND SING GRAND		9 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	92
AMANGE OF DECASED Hubert M. Donohoe 4. DATE Month Dory Year So DECASED Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Donohoe Sol barried Sol bar		OR INSTITUTION	ON A FARM?
Second Color Seco	-	7 318 Grand Ave.	318 Grand Ave.
S. SEX S. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. DATE OF		DECEASED	OF
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Hetired Engineer Railroad Rawlings, Md. 13. FATHERS NAME COLeman Donohoe 14. MOTHER'S MAIDEN NAME Mary Healy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 705—07—6834 Mrs. Hubert Donohoe, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b). and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gover rise to immediate couse (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CLAUSE OF DEATH (I) (F) CHIER NOTHER NOTHER MEDIA (COUNTY) (COUNTY) (State) 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b). and (c). DUE TO Conditions, if ony, which gover rise to immediate couse (c). stoling the under. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH, (I) (F) CHIER NOTHEY MEDICAL EXAMINER. 200. ACCIDENT WAS UNDERLYING COURED (Enter nature of injury in Port I or Port II of item 18.) 201. CONTRIBUTING CLAUSE OF DEATH (I) (F) CHIER NOTHEY MEDICAL EXAMINER. 202. TIME OF INJURY Month, Day, Year 202. INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 203. TOTAL CREMATION, Day, Year 204. INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 204. ACCIDENT WAS UNDERLYING COURSED (C) (County) (State) 305. TOTAL CREMATION, 272. DATE THEREOF (MAIN MEDICAL EXAMINER) ADDRESS (Strent, city or form, 10th) 206. BERCAL DIRECTOR'S SIGNATURE ADDRESS (Strent, city or form, 10th) 21. CERMATORY, PROSTRAR 249, REGISTRAR'S SIGNATURE 220. RECENTARE 249, REGISTRAR'S SIGNATURE		Male White WIDOWED DIVORCED	
13. RATHER'S NAME COleman Donohoe IS. WAS DECEASED EVER IN U. S. ABMED PORCES? 14. MOTHER'S MAIDEN NAME Mary Healy Address (If yes, yes well of older of service of servic	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. RATHER'S NAME COleman Donohoe IS. WAS DECEASED EVER IN U. S. ABMED PORCES? 14. MOTHER'S MAIDEN NAME Mary Healy Address (If yes, yes well of older of service of servic	1	Retired Engineer Railroad	Rawlings, Md. USA
IS. WAS DECEASED EVER IN U. S. ARMED PORCES? TO 10 - 07 - 6834 Mrs. Hubert Donohoe, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 10. IMMEDIATE CAUSE (a) 10. DUE TO 10. Conditions, if ony, which 10. OUT TO Conditions, if ony, which 10. OUT TO Conditions, if one under (b) 10. TO Conditions, if one under (c) 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPSY PERIORMEDY TYES IN OIL PROPERTY TO CONTRIBUTION GOOD CO	1		
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18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
B. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).		DOE OF COT	Mrs. Hubert Donohoe, Cumberland, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate DUE TO Lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I OF PORT II OF P	ă		
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21. I certify that I attended the deceased from Fig. 15, 1958, ta 123. 1958, that I last saw the deceased alive on Fig. 23. 1958, and that death accurred at 1. M, from the causes and an the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, PROVAL (Specify) Burial Apr. 26, 1958 St. Mary 's Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	Н		
21. I certify that I attended the deceased from Fig. 15, 1958, ta 123. 1958, that I last saw the deceased alive on Fig. 23. 1958, and that death accurred at 1. M, from the causes and an the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, PROVAL (Specify) Burial Apr. 26, 1958 St. Mary 's Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	۲,	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Fig. 15, 1958, ta 123. 1958, that I last saw the deceased alive on Fig. 23. 1958, and that death accurred at 1. M, from the causes and an the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, PROVAL (Specify) Burial Apr. 26, 1958 St. Mary 's Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		Hour o. m. While Nat while	foctory, street, affice bldg., etc.)
alive on	Н) (E . CY () 1 . 3 3 - 5
ACTUAL SIGNATURE Clays. Surrett M.D. Communication, store) PHYSICIAN'S NAME (Type) 20. BURIAL CREMATION, REMOVAL (Specify) Burial Apr. 26, 1958 St. Mary's Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city or fown, store) DATE-SIGNED Communication (City, fown, or county) (Store) Cumberland, Md. 240. REC'D BY REGISTRAR'S SIGNATURE		111. 22 -4	
ACTUAL SIGNATURE OLUMO. SURVEST M.D. Cumberland #1/25-/55 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify) Apr. 26, 1958 St. Mary's Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC.D. BY REGISTRAR'S SIGNATURE	10	alive on 192. 23., 190, and that	The state of the s
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 245 REGISTRAR'S SIGNATURE		Burial Apr. 26.1958 St. Ma	
		James F. Scarvelli, Cumberlan	

CERTHICATE OF DEATH

C. Off The President of Little Pres

BUREAU V. S.

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DECENTED

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1. PLA o. C	CE OF DEATH	legany			MARYLAND	11 0	JSUAL RESIDE S. STATE		re decessed	b. CO		n: Reside		re admis	sion)
		f outside corporate limi	ts, write	c. LENGTH O	F STAY IN 16		c. CITY OR TO	WN (If ou	tside corpo	rote limits, w	rite RU	RAL ond	give nec	rest fow	n) 🗸
l '		berland		Lida	ys		Ri	dgele	v			85	X - :	3	
d. t	NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)			d. STREET AD	DRESS						e. IS RE	SIDENCE A FARM?
	JK 1143111011014	Sacred He	art	Hospita	k		16	O Mai	n Sti	reet					NO G
	ME OF CEASED	Fir	st		Middle		Lost		4. DATE OF		Mont	h	Do	Y	Yeor
	pe or print)	Bea	urie		Marie		Dough	erty	DEATH		4		26		1958
5. SEX	Harris Street	6. COLOR OR RACE	7. MAR	RIED NEVER	MARRIED 5	8. DA	TE OF BIRTH			9, AGE (In lost birth		IF UNDE		-	ER 24 HRS.
Fe	emale	White	WIDOW	ED D	IVORCED [Au	g. 12.	1894		63	yrs.	Months	Doys	Hours	Min,
10a. U	SUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSI	NESS OR IND	USTRY	11. BIRTHPLA	CE (Stole o	r foreign c	ountry)		12. CI	TIZEN C	F WHA	T COUNTRY
	4.5	dekakaaaar		Own hor	me		W. Va.	June	tion.	W. V:	a.		U	S.A	
13. FA1	THER'S NAME					14.	. MOTHER'S A	AAIDEN NA	AME						
	John I	Dougherty					Ade	liaAd	a Mul	len					
	AS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECUR	HTY NO. 17.	INFOR					Addre	255			W. Va
	20	(if yes, give wor or collector t		None	1	irs.	Ursu1	a. Dou	gherst	y 162	Mai	n St]	lidg	elev.
		ATH [Enter only one co	use per li	ne for (a), (b),									INT	RVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	, 2	treme	a								ONS	ET ANI	DEATH
	541.0	DUE TO													
	Conditions, if o	nu which \	/	I me no											
	ove rise to i	mmediate (,	1	^				-			- 0			
	ouse (a), stating ying couse last.	the under-	· L	Sceri	2	De	yten	26 -	InC.	cv-					
CATION		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BE	TON TU	RELATED TO 1	THE TERMIN	IAL DISEAS	E CONDITIO	N GIVE	N IN PA	RT 1(a) 1	PERF	AUTOPSY ORMED?
CE (IE	O. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCUR	RED. (En	iter noture of	injury in Po	ort 1 or Par	t II of item 1	8.)				
WEDICAL 20	c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yes	20d. I While of wor			PLACE C foctory,	OF INJURY (He street, office l	ome, farm, bldg., etc.)	20f. (City	or town)			(County)	D	(Stote)
2	. I certify th	nat I attended the	deceas	sed from	2/2-7	2	, 19 58,	to	4-/2	b 1	918	that I	last so	aw the	deceased
	live on	4/76	. 19	er -	d that dea			1:150							ed abave
		111	~	, , , , , , , , , , , , , , , , , , , ,						treet, city or				/ 0	ATE SIGNED
A(CTUAL GNATURE	Les It	X.	1)		_ M.D.	4	160	V C	6 wh	e d	1	4	128	758
N/	HYSICIAN'S AME (Type)	Dr. Leo Le					a	24-b	4-la	end)n	d			
220. B	URIAL, CREMATIC EMOVAL (Specify)	N, 22b. DATE THEREC)F		OF CEMETERY					TION (City, I				(Sto	ie)
					lary's	Cem				berlar					
	harles I		Cumbe	ADDRESS erland.					BY REGIST		REGIS	TRAR'S S	IGNATU	RE	
1	Treat meet T	000180	- VENTALD C	- mening				DATE AY	1 '5	0 1	V R.A	0.0.	. /		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any even within 72 hours after death. VS A15 (4) 15M 9/55

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TO HOSPITAL OR A

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4728 CERTIFICATE OF DEATH

		402	S CERTI	FICA	ATE OF DEATH	4		Reg. Dist. No.	016
1. [PLACE OF DEATH COUNTY ALLEGANY		MARY	LAND	2. USUAL RESIDENCE (WHO STATE		b. COUNTY	Residence before	admission)
1	CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	outside corporate			est town)
	d. NAME OF HOSPITAL (IF not in hospit OR INSTITUTION				d. STREET ADDRESS	GRLAND			IS RESIDENCE ON A FARM?
3. 1	SACRED HEART HO	SPITAL First	Middle		305 BEDFOI	4. DATE	Month	Day	YES NO A
	Type or print) JOI	-IN	H.		DWYER	DEATH	APR	IL 13	1958
5. 9		CE 7. MARE	NEVER MARRI		B. DATE OF BIRTH	9. A	GE (In years If	UNDER TYEAR	Hours Min.
100	MALE WHITE USUAL OCCUPATION (Give kind of w				1/17,-1879	119	YRS yrs.	lio cirino co	1
	during most of working life, even if ret	ired)		tor		or tareign countr	71	U.S.	WHAT COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME			
	JAMES H.				ADA S	SPRINKLE			
15. (Yes	WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO	. 17. 1	NFORMANT		Addres	5	
	No	2]	L2 32 806	LANT	TECE LIBBY ROL	BERTSON	Cuml	berland	, Md.
ATION	gove rise to immediate couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT C	(c)	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN		PERFORMED?
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THI	CRIBE HOW INJURY O	CCURRE). (Enter noture of injury in I	Port I or Port II o	Filem 18.)		YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Hour o. m.	1	NJURY OCCURRED Not while t of work	20e. PL/ foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or to	own)	(County)	(Stote)
	21. I certify that attended alive on	the deceos		deoth	occurred of 13		e causes and		
	ACTUAL SIGNATURE	her	my -	/	nol byrenge	ADDRESS Greet,	bell	M	14/5
	PHYSICIAN'S NAME (Type)			2.56					
no B	BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) 4/16/	REOF 1958	Rose Hi		crematory Cemetery	22d. LOCATION Cumb	(City, town, or erland		(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	4.5	24a. REC'I	D 8Y REGISTRAR		AR'S SIGNATURE	
	Byron Kight	Cumb	perland.	Md.	DATE	APR 1 8 '5	8 00	1	1

CERTIFICATE OF DEATH

BUREAU V. S.

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4083

Reg. Dist. No.

1. PLACE OF DEATH C. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Alle	e before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FROS IBURG	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive negrest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MINERS HOSPITAL	/ d. STREET ADDRESS Detmold Street	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) MARTHA D.	EICHHORN DEATH 4/9/1958	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS. Days Hours Min.
Female White WIDOWED DIVORCED	Jan. 8th. 1882 76 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework Own Home		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Donaldson	Catherine Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address	
NO NONE	MARTIN EICHHORN, LONACONING	. MD.
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me phistis	INTERVAL BETWEEN ONSET AND DEATH
605 X DUE TO		
Canditions, if any, which)	ust tu	a years
gave rise to immediate cause (a), stating the under-		9
lying cause last.		
PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Hame, farm, call of the colory, street, affice bldg., etc.)	aunty) (State)
21. I certify that I attended the deceased from Mar 3 olive on Cernl 9, 19 58, and that death		ost sow the deceased te date stoted above DATE SIGNED 4.11.58
PHYSICIAN'S LESLIE R. MILES JR	LONACONING	MO.
226. BURIAL, CREMATION, REMOVAL (Specify) Burial 226. Date Thereof 4/12/1958 Oak Hill (Cemetery 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
GEORGE EICHHORN, LONACONING, MD	DATE APR 1 4 '58 Clube	such

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VS A15 (4) 15M 10/57

-MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4099	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

eg.	Dist.	No.	()	4	0	1	8
eg.	Dist.	No.	**				

1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) La Vale years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XLa Vale
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Park Heights	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 24
3. NAME OF DECEASED (Type or print) BENJAMIN NEAL ELI	LSWORTH 4. DATE Month Day Yeor OF DEATH April 22 19 58
	B. DATE OF BIRTH Peb. 19, 1873 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	Mansfield, Ohio 12. CITIZEN OF WHAT COUNTRYS USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Ellsworth	Eliza Funk
(Yes, no, or unknown) (If yes, give war or dates of service)	Awrence Ellsworth, La Vale, Maryland
Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying couse lost. Z. PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT.	Percent
481X	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
1/ /4 5/	accurred at O M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
PHYSICIAN'S L. B Mathews M.D. 49 G	reene St., Cumberland, Maryland
Burial CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) Apr. 25, 1958 St. Peters	R CREMATORY 22d. LOCATION (City. town. or county) (Stote) & Pauls Cath. Cem. Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberland, Maryland	DATE APR 2 8 '58 CONTRACTOR OF THE PROPERTY OF

- ANES - CERTIFICATE OF DEATHER-

Hard Law Street Control of the Contr A RESIDENCE OF A PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

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TARREST AND STREET AND STREET AND STREET

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04019

• IS RESIDENCE ON A FARM? YES NO Year 19 58

Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

and in my

FOR S				·	MED	ICA	L EXAMINE	R'S	CERTIFICAT	TE OF	DEATH	Reg. Dist.)亚() No.	19
0 0 E	DEPT.		PLACE OF DEATH	lleg	any		MARYE	AND	o. STATE Md		b. COUNT	Alle	gan	У
our files.	(M)	l t	La Va		orata limits, writa Al	JRAL	13 yrs	N 1b	c. CITY OR TOWN (III		porote limits, write	RURAL and giv	e neorest	Town)
is necercal direction	00	Ľ	525 Nat				pital, give street address)	d. STREET ADDRESS 525 Nati	onal	Highway		C	S RESIDENCE
deloy he fune retain ne State			NAME OF DECEASED (Type or print)	r.	Lysle		Middle Rogers	5	Everhart	4. DATE OF DEATH	Apri		2]	Year 19 58
If an the may be with the		5. 5	Male	W	hite	VIDOWE			July 20-18		9. AGE (In years fact birthday) 60 yrs.	Months Day		
r death 2, and Page 5		100	USUAL OCCUPATE PRACTICE	ION (Give king life eve	medici	106. K	Physicia	ndustr	Keyser	or foreign o	country)		OF WH	IAT COUNTR
Pages 1 PM3. poges		13.	FATHER'S NAME Clarer	nce L	.Everh	art			14. MOTHER'S MAIDEN I		·s			
Give Oive III form			WAS DECEASED E		. ARMED FORC	ice)	social security no.		FORMANT ife)Margar	et Ev	Address erhart,	LaVale	, Md	
ted with them, 18. along w				ATH WAS C			for (o), (b), ond (c).] Coronary	occ.	lusion				Sud	o prath lden
office ol-trans			420.1 Conditions, if		1 (0)	(Coronary s	scl	erosis				?	
in pe niner's o buri			gave rise to imm (a), stating the cause last.											
icate st bending of Exor	0	CATION	PART II, O	HER SIGNIF	CANT CONDI	IONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(RFORMED?
vard "p ward "p Medic uld be		CERTIFI	20g. EXTERNAL CAUSE OF DEATH	AUSE WAS ONTRIBUTING	G 🗆 20b.	DESCRIBE	E HOW INJURY OCCUR	RED. (Er	nter nature of injury in Par	t I or Port II	of item 18.)			
NER: The same of the same of the bond of t		MEDICAL	20c. TIME OF INJ Hour a. m p. m		nth, Doy, Year	While			E OF INJURY (Home, form ry, street, office bldg., etc		y or town)	(County)		(State)
Mirritir Page			21. 1 certify	that I too	ak charge o	f the r	remains described	abov	re, held an Autops	у П. І	nspection *	Inquiry	*	and in in

Undetermined manner DATE SIGNED

ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Homicide |

EXAMINER'S NAME (Type) H.V.Deming M.D.

220. BURIAL CREMATION, 226. DATE THEREOF

opinion death resulted fram: Natural causes

DEPUTY MEDICAL EXAMINER T April 22-1958

(Stole)

ADDRESS

22c NAME OF CEMETERY OR CREMATORY

Accident

240. REC'D BY REGISTRAR

Suicide |

246 REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

execute the certifier at the should be forwerded by FUNERAL DIRECTOR:

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EROMANO DE PRIMERA O TELEMENTO DE PARA EN ANTRA DE LA PRESENTA DE LA PRESENTA DE LA PRESENTA DE LA PRESENTA DE LA CASTA ESCALA DA LA CARRESTA DE L

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FOR STATE HEALTH DEPT	Γ.
**EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dirip. Page 4 had not be Chief Examiners. Office along with form PM3. Page 5 may be retained for your files. The Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.	1 2

PLACE OF DEATH

a. COUNTY

3. NAME OF DECEASED

(Type or print)

male

13. FATHER'S NAME

cause last.

ACTUAL

MOVAL (Specify)

23. FUMERAL DIRECTOR'S SIGNATURE

CERTIFICATION

hould be forwed UNERAL DIRECTIVE designated

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-		1	
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VS.	410	ME	
5M	2/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) Allegany Md. o. STATE b. COUNTY Garrett MARYLAND b. CITY OR TOWN Itt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Cumber Land Friendsville 11X-2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sacred Heart Hospital Middle 4. DATE Month Yeor OF Adam Willard Fazenbaker April 58 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours white WIDOWED [7] DIVORCED T Sept. 15-1913 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Construction Co. Accident, Md. U.S.A. 14. MOTHER'S MAIDEN NAME Noah Fazenbaker Sally Bird 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 794(wife)& Sacred Heart Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary hemorrhage due to crushed chest 2 days IMMEDIATE CAUSE (0) DUE TO Atelectasis & ruptured liver. Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES R NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Forced off of road, auto hit a concrete bridge. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (Cily or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) While Not while Mt. Savage, Allegany, Md. 9. 10 p. m. April 0 19 58 at work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [4], Inquiry and in my opinion death resulted from: Notural causes , Accident K, Suicide , Homicide , Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER M April 11-1958 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate)

ADDRESS

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

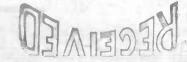
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE TE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4130

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allega	ny	MARYLAND	2. USUAL RESID	ence (Where d	deceased lived.	If institution	. 7.7	efore odmis	sion)
b. CITY OR TOWN (I RURAL ond give ne Cumber		ts, write c.	3/18/58	c. CITY OR T	own (If outside	e corporote lim	its, write Rt	JRAL and give	nearest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	al (If not in hospitol, g	ive street odd Count	y Infirmar	d. STREET AS	ODRESS 30 Vir	ginia	Aven	ue	ON	SIDENCE A FARM? NO [X]
3. NAME OF DECEASED (Type or print)	Fir M1	ldred	Middle Ethel	Fishe		DATE OF DEATH A	pril	h	Day 7	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED M	8. DATE OF BIRTH	396	9. AGE lost 61	(In years birthdoy) yrs.	Months Do		-
during most of work	ON (Give kind of work a ling life, even if retired office		nd of Business or Ind Applian	10	wick,	Maryl	and	12. CITIZEI	_	A •
	Cyrus Fi	sher			ıra V.		r			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR lif yes, give wor or dates of s	ervice)		Allegan	O. Bor Count			··· Cumb		nd, Mo
Conditions, if or gove rise to it case (o), stoting lying cause lost.	the under-	Rt.: By a	Sie Re Serverio Sie Ceral E H	CLIPSE Y POI DE T NOT RELATED TO			een f	EN IN PART 1(c	b) 19. WAS	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter noture of	injury in Port I	or Port II of it	om 18.)		YES [] ио []
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While at work	_ Not while f	LACE OF INJURY (Foctory, street, office	ome, form, 20 bldg., etc.)	Of. (City or town	n)	(Cour	ily)	(Stote)
alive on	ot I attended the 1/7/58 A Clear Or. Lee B	Leur	and that deal	м.р. 49	ADDR	ne St.	causes a		date stat	
220. SURIAL, CREMATIO REMOVAL (Specify) Burial	4-9-19		C. NAME OF CEMETERY Greenmoun	-		LOCATION (C Cumber			(Sto	le)
23. FUNERAL DIRECTOR		lli,	ADDRESS Cumberland	, Md.	240. REGID BY	REGISTRAR 0 58	246 REGIS	TPAR'S SIGNA	TUPE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR AFTER This certificate has been signed by the attending physician and campletely filled in by the great director, page 3 should be detached for use as the burial-transit permit. Then please permove carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremation, ar removal, and in any event within 72 Maurs after death.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4031	CERTIFICATE	OF DEATH	D.

04022

Reg. Dist. No.

									
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY			mission)
b. CITY OR TOWN (I	If outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		rote limits, write R		7	lown)
RURAL and give no			2 wks	Paw Paw,	W. V	8 .	85 x	3	
	TAL (If not in hospital, g	ive street		d. STREET ADDRESS					RESIDENCE N A FARM?
Memor	rial Hospi	Ltal							D NO []
3. NAME OF DECEASED (Type or print)	Archie		Middle Vanmeter	Foltz	4. DATE OF DEATH	April	th 8	Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED	B. DATE OF BIRTH	VELLET	9. AGE (In years lost birthdoy)	IF UNDER	1 YEAR IF U	NDER 24 HRS.
Male	white	WIDOW	ED DIVORCED	Mar. 29.	I908	50 yrs.	Months	Days Hou	urs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of	one 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY
Laborer	ang me, even a remee,		Orchard	Hardy C	ounty.	. W. Va	. I	JSA .	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		-1-3(-1)			
Se	amuel Folt	Z		Lizzi	e Funl	khouser	313		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	(anima		INFORMANT		Addi			
NO NO	for her flue and or drugg on a	2	32-10-2514	Bonnie S.	Foltz,	, Paw :	Paw,	W. V.	a.
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Iny, which mmediate)	ne for (o), (b), ond (c).] Uren ia Malignant H	ypertension				ONSET A	onths
Couse (o), stoting lying couse lost. PART II. OTH) (c		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port	II of item 18.)		1123	M WOL
20c. TIME OF INJUR Hour a. n. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED 20e. Pl Not while k ot work	ACE OF INJURY (Home, for octory, street, office bldg., etc.)	m, 20f. (City c.)	or town)	(C	ounty)	(Stote)
actual signature PHYSICIAN'S NAME (Type)	Reya lu.	12 Be	58, and that death	м.d. <u>62 Gre</u>	OM, from ADDRESS (Steene Signal) rland	reet, city or town, treet Mary	and an the stote)	ast saw the	he decease tated above DATE SIGNE
22a. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY C			TION (City, town, o	or county)		Stote)
				ch Cem.,				W. V	a.
23. FUNERAL DIRECTOR	Be Be	rke	ADDRESS ley Springs,	W. Va DATE	APR 1 7	'58 24b. REGIS		MATURE ~ /	



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MARKED OF

N. Harris december

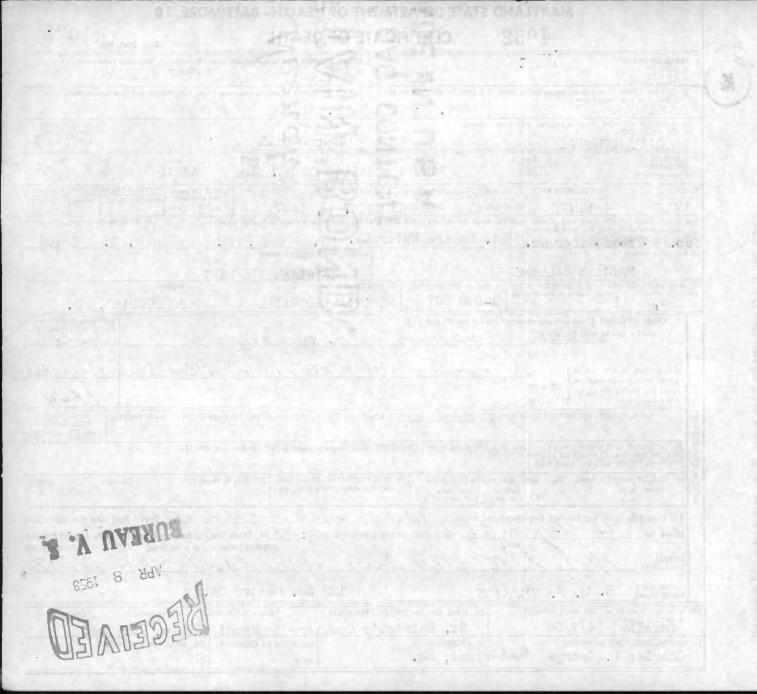
TO THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN

VS A1S (4) 15M 10/57

1 740	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7.00	4º32 CERTIFICATE OF DEATH
*6 =	

Reg. Dist. NO 4023

	4032	CERTIFIC	ATE OF DEAT	н	Reg. I	Dist. NO 4023
1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (W		A	ence before admission) EGANY
b. CITY OR TOWN (If autside ca RURAL and give nearest town)	rporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and	d give nearest town)
- CUMBERLAND		2HRS. 35MINS		SE		
d. NAME OF HOSPITAL (If not in OR INSTITUTION MEMORIAL HOSPITA	The second second	oddress)	d. STREET ADDRESS Church H	i11		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN	FRANCIS	GALLAGHER SR	4. DATE OF DEATH	Month APRIL	Poy Yeor 19 58
5. SEX 6. COLO	OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AC		ER I YEAR IF UNDER 24 HRS.
MALE WHI	7 100		SEPT 14, 188	7	70 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, ev.	en if retired)				12. (ITIZEN OF WHAT COUNTRY
Sec. & Treas Wate	er Co. Mt	. Savage Water	r Co. MT. SAV	AGE, MD.	U	. S. AMERICA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
PATRICK				STEPHEN	IS	
	or or dates of service)	540 005	INFORMANT		Address	
NO 9			MORIAL HOSPI	TAL	CUMBERI	LAND, MD.
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO (c)	ronal	of arter	y Du	ieasl	Since 1949
PART II. OTHER SIGNIFI 20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE Ulf EITHER, NOTIFY MEDICAL E	CANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	NOTION GIVEN IN PA	PERFORMED?
	OF DEATH	RIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of	item 18.)	
20c. TIME OF INJURY Month, Hour e. m. p. m.	Day, Year 20d. In While of work	_ Not while_	LACE OF INJURY (Home, forroctary, street, affice bldg., etc.	n, 20f. (City or to	wn)	(County) (State)
21. I certify that batter	nded, the deceose	ed from Jan	195/10 4	1-4-		lost sow the deceosed
olive on	4-19	, and that death	occurred at 3:45	2_M, from the	causes and an	the date stated obove
ACTUAL SIGNATURE	The	liams	M. Linux	ADDRESS (Street, o	city of Pawn, states	DATE SIGNE
PHYSICIAN'S DR. W.	F. WILLIA	MS	122 80.	Centre St		
226. BURIAL, CREMATION, REMOVAL (Specify) 4/7	TE THEREOF	22c. NAME OF CEMETERY C	or CREMATORY		City, lown, or county,	
23. FUNERAL DIRECTOR'S SIGNATU		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S S	
Charles L. Geo	rge Cumbe	rland, Md.	DATE	- 2 450	Cool .	ich



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H	E	A	.T	H
ITY MEDICAS, EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please	ting the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dir, Kr. Page in	the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Four files.	ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health.	designated agent, prior to burial, cremation, ar remayal, and in any event within 72 bears, offer death.
AN	MAL	to	90	0.
EX		Sed	OR:	gent
195			CT	JO C
Did	erli	2 20	N N	atec
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ITY	e th	P	ERA	desi

	MARYLAND	STATE D	EPARTMEN	T OF HEALTH-	-BALTIMORE,	18
-	MEDIC	AL EXA	MINER'S	CERTIFICATE	OF DEATH	

Reg. Dist. No. 4024 4033

1.	o. COUNTY A	llegany		MARYLA	ND	2. USUAL RESIDENCE (V	Where deced	sed lived. If institu b. COUNT	v a	lleg	
t		pulside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (III					
		s St.	If not in t	nospital, give street address)		/ d. STREET ADDRESS R.F.D.#5	Loc	ust Gro	ve .		IS RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)	Fir		Albert	;	Garlick	4. DATE OF DEATH	Monti		Doy 19	Yeor 19 58
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	☐ B. I	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		UNDER 24 HRS.
	Male	white	WIDOV	VED T DIVORCED		Dec.161870		87 yrs.	Months [ays Ho	Min.
100	Retired	N (Give kind of work life, even if retired) Carman	done 10b	. KIND OF BUSINESS OR IN B&O R. Ry		Bedfor				S.A.	HAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
	Joseph	Garlick				Eva Pri	ce				
		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO.		san Pryor-	-Cumb	Address erland, l	Md.		
	PART I. DEATI	H WAS CAUSED BY:	C	oronary occ	elu	sion				INTERVAL I	dden
	Canditions, if on		C	oronary scl	ler	osis with	angi	na syndi	come	1	yr
	gave rise to immed (a), stating the u cause tast.		A	rterioscler	os	is					?
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART		ERFORMED?
	200. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS TRIBUTING 1	b. DESCR	IBE HOW INJURY OCCURRI	ED. (En	er nature of injury in Por	rt I or Part I	f of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	WI	1. INJURY OCCURRED 20e hile Nat while wark at work		OF INJURY (Home, farm y, street, affice bldg., etc		y or town)	(Cou	nty)	(Stote)
	21. I certify th	at I took charge	of the	remains described	abov	e, held an Autops	у 🔲,	nspection 😹	Inquiry	/ Je.	and in my
	opinion death (resulted from:	Natura	l causes 🔒 Accide	ent [], Suicide [],	Homicide	Undete	rmined m	onner	
	ACTUAL SIGNATURE	Y.V. Des	~i	y M.D.		M.D. CHIEF MEDICAL EX				DA	ATE SIGNED
	EXAMINER'S H	.V.Deming	3 M.	D.		DEPUTY MEDICAL	EXAMINER	April		958	
220	BURIAL CREMATION TEMOVAE (Specify)	1/22 DATE THEREC	58		y OR C	Clm.	22d. LOC/	ATION (City, lown,	or county)	V.	15totob
23.	FUNERAL DIRECTOR	Signature S	ne.	Cremb	m	DATE	D BY REGIS	TRAR 246. REGI	STRAR'S SIG	NATURE	

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TON STORE

O FUNERAL DIRECTOR After this certificate has been signed by the ottending physicion and completely filled in by the function page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, or remaral, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofth

TO FUNERAL DIREC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4034 CERTIFICATE OF DEATH Reg. Dist. No.4025

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, RURAL god give nearest fown)	write c. LENGTH OF STAY IN 16 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND Rt. # 3
d. NAME OF HOSPITAL (If not in hospital, give OR INSTIBUTION LAL HOSPITAL	street oddress)	d. STREET ADDRESS Bedford Road e. IS RESIDENCE ON A FARM? YES \(\) NO [1]
3. NAME OF First DECEASED (Type or print) CH.	ARLES T. G	Last 4. DATE Month Day Year OF DEATH APRIL 19 19 58
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAY 23, 1903 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Oo. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Traffic Dept.	CELANESE Corp.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
DUNCAN GILLUM		BARBARA Izmés
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) No	443	EMORIAL HOSPITAL - CUMBERLAND, MD.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	Myocardial	Failure Schrosis C.
CATIC		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DED. (Enter nature of injury in Port I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED 20e. PL fo of work of work	LACE OF INJURY (Home, form, cloty, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the dalive an Affect 18 ACTUAL SIGNATURE CONTROL DR. IAM	, 1957, and that death	n 19 57, to Organ 19, 1957, that I last saw the deceased haccurred at 12:25A M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. 101 M. Comban 14 Comban 14 M.C. March March March
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/21/58	22c. NAME OF CEMETERY O	etery Bedford Rd. near Centerville.
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumi	berland, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 3 '58

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A. James Control og Son American, . . .

FOR ST		a	^	, ME	DICAL	EXAMINE	R'S	CERTIFICAT	E OF	DEATH	Reg. Dis	04()26
B & E	DEPT.		LACE OF DEATH	40 Allegany	35	MARYLA	MD	2. USUAL RESIDENCE (W o. STATE W . VE		b. COUNT	V	ce before	
our file		b	city or town (III)	outside corporate limits, write	RURAL	5 weeks	16	c. CITY OR TOWN (IF	outside com		RURAL ond	give near	esi town)
al di Board	62			eart Hosp		of, give street address)		d. STREET ADDRESS Rt.#1					ON A FARM?
retoine e State r death		1	NAME OF DECEASED Type or print)	Mary	t	Middle Ann	Go	oodrich	4. DATE OF DEATH	Apri		Doy 7	Year 19 58
3 to the may be with the			emale	white	WIDOWED [1 3	Sept. 28-188	37	9. AGE (in years led birthday) 70 yrs.	IF UNDER 1		UNDER 24 HRS.
2, and 2 and 2 and 2 no 72 ho	Reti	100. d	USUAL OCCUPATION OF WORKING CONTROL OF WORKING	N (Give kind of work of life, even if retired) Cered nur	ione 10b. KIN	D OF BUSINESS OR IN	DUSTI	Mt. Savag	or foreign o	ountry)	12. CITIZI	U.S	VHAT COUNTRY?
3. 1			FATHER'S NAME					14. MOTHER'S MAIDEN N	*				3
Pog	11		Andr	ew Goodr	ich			Jane	Wils	on			
File	1)	15. (Yes.	WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. SC	CIAL SECURITY NO.	17. IN	FORMANT		Address			
9 4 6			No			0-30-8472	Sca	ared Heart	Hosp	ital re	cords		
n 18 ng • erm				H [Enter only one cau					4			INTERVAL ONSET A	L BETWEEN NO DEATH
a ge			PART I. DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (a)				due to fra				5	weeks
ron ovo	./		403.5	DUE TO			-	ical neck o		9			
a signature			Canditions, if on gave rise to immed	igte couse				ditis, gener				00	
miner miner			(a), stofing the u	nderlying DUE TO (c).	vein	s of both	10	egs.					
pending tol Exa used os rematic	0	CATION			- Agent Agen			OT RELATED TO THE TERMI			EN IN PART	(e) 19. YES	PERFORMED?
Medical Seriol, ouriol, o		CERTIFI	20g. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS TRIBUTING B IO	st ba.	ow injury occurre	Î.	ell to the	side	of item 18.) Walk			
hiet sha	01	DICAL	20c. TIME OF INJUR	,			PLAC	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City	or town)	(Coun	(y)	(State)
ng Pe o	abou	coffe	Hour skalenk		20 of work	at work PS	ide	ewalk	L Cu	mberlan	C A D	943	nv. Md.
Pag .								e, held an Autopsy	,, Ir	nspection 🔻,	Inquiry	3	and in my
OR. Gen			opinion deoth	esulted from: N	Natural ca	uses []. Accide	nt [, Suicide , H	lomicide	, Undete	rmined m	nner	
for of or aled a			ACTUAL SIGNATURE	V.Don	nous	101.D.		M.D. CHIEF MEDICAL EX	AMINER [D	ATE SIGNED
id be ERAL design	2		EXAMINER'S H	V.Deming	M.D.			ASSISTANT MEDICAL E			8-195	8	
shaut its		220	BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREO	F 22	c. NAME OF CEMETER	OR		22d. LOCAT	TION (City, town,	or county)		(State)
9409		_	Burnal	4/10/58		St.George	E	Cemetery	Mt	Savage	Me	ryl	and
S. A15ME	N	23.	FUNERAL DIRECTORS		100	ADDRESS			BY REGIST		STRAR'S SIGN	ATURE	
5M 2/57	1		Ruth E	Silcox	Cumb	erland, Ma	ry	land DATE AP	K 1 1 '5	8 1 866-	Leaue	h	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral of	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fil	
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1. P	LACE OF DEATH COUNTILES	iny		٨	MARYLAND	2. USUAL RESIDENCE (Wo. STATE Maryla	there deceose nd	d lived. If instituti b. COUNTY			sion)
ь	RURAL ond Dive of	If outside corporate limi	ts, write	c. LENGTH OF S	STAY IN 16	c. CITY OR TOWN (IF		prote limits, write R	URAL ond give	nearest fow	m)
d	OR INSTITUTION	AL 361' i Mariyi 19	and A	oddress) V 🖰 🎳		d. STREET ADDRESS 301 Ma	ryland	Ave.		ON	SIDENCE A FARM?
0	NAME OF DECEASED Type or print)	Ida ^{fir}	st	M	tiddle	Greitzner	4. DATE OF DEATH	Apri:		Day 26	Yeor 19 58
5. 5	Female	6. COLOR OR RACE White	7. MARRI		ARRIED	B. DATE OF BIRTH Nov. 20, 188	4	9. AGE (In years lost birthdoy) yrs.	Months Day		ER 24 HR
10a.	during post of work	ON (Give kind of work oking life, even if retired		n Home	ESS OR INC	Maryland	e or foreign c	ountry)	12. CITIZEN	OF WHA	COUNT
13. f	FATHER'S NAME Ch	arles Gwyn	n			14. MOTHER'S MAIDEN Harriet M					
15. \ (Yes		R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY	_	INFORMANT exroad Brook	8	301 Md. 1		ernpo	ort.N
	PART I. DEA 422.2	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Dego	ne for (o), (b), one	d (c).]& h	rome styceord	itisano		- /	NTERVAL B NSET AND	DEATH
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- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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, MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	egany	MARY	2. USUAL RES	IDENCE (Where	deceased lived, b		Residence before Allega	
b. CITY OR TOWN (If outside RURAL ond give nearest to Cumberland		c. LENGTH OF STAY		TOWN (If outside aberland		its, write RURA	L ond give ne	arest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION 408 Legigh	ot in hospital, give street St.,	t oddress)	d. STREET	ADDRESS Behigh	St.,			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EARL	Middle NOAH	I HAGER		DATE OF DEATH	Month April	28	y Year 19 58
Male W	hite widow		May 10,	1895	lost 6	byrthdoy) Mc	UNDER I YEAR	Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, Bottling House	even if refired)	ueen City E	The second second	tACE (State or for			U. S	A.
13. FATHER'S NAME				S MAIDEN NAMI				
	n H. Hager			ertha Lo	ng			
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, giv	war or dates of service)	. SOCIAL SECURITY NO. 14-05-4921	Joseph M.	Hager 3	05 Po1k	Address St., C	Cumber 1	and, Md.
Conditions, if ony, whi gave rise to immedia cause (a), stating the underlying cause last.	DUE TO (b) (b)	Come	of the end	At fur	ng		ON	SE AND DEATH
CAT		CONTRIBUTING TO DEA					N PART 1(a)	PERFORMED? YES NO
20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	SCRIBE NOW INSORT OF	CORRED. (Ellier Halore C	or injury in ruit	OF FOR II OF III	em re.j		
20c. TIME OF INJURY Mont Hour o. m. p. m.	While		20e. PLACE OF INJURY factory, street, offic	(Home, farm, 20 te bldg., etc.)	Of. (City or town	1)	(County)	(State)
21. I certify that I at alive an		sed from /-		12:50P M	, fram the (RESS (Street, cit	causes and	an the da	aw the deceased the stated above DATE SIGNED 4/30/58
	Lewis Bring			berland,	Md.			
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) BUT1 al	DATE THEREOF 1/58		tery or crematory morial Park		mberla			(State)
23. FUNERAL DIRECTOR'S SIGNA Charles L. Geo		ADDRESS rland, Md.		24a. REC'D BY	REGISTRAR 2 '58	24b. REGISTRAI	R'S SIGNATUI	RE

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CERTIFICATE OF DEATH		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Lerk ST	ATE		MEDIC 408	AL EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. N	04030
HEALTH	M	1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (M	/here deceosed lived. If insti		
de la constant		and give negrest	(It outside corporate limits, write RURAL own) Ostburg	6 days		outside corporote limits, write Savage		
200	, ,		PITAL OR INSTITUTION (If not in		d. STREET ADDRESS	Davase		e. IS RESIDENCE
is ne eral c	161		Hospital		'			YES NO
delay refunction retair		3. NAME OF DECEASED (Type or print)	Edward	Widdle V •	Henckel	4. DATE Mor	pril 1	19 58
If any 3 to the may be with the	12	5. SEX		ARRIED NEVER MARRIED B		9. AGE (In years lost birthday)	Months Doys	R IF UNDER 24 HRS. Hours Min.
4525 G		male	117122	DEL KIND OF BUSINESS OR INDUST	June 28-187			OF WHAT COUNTRY?
Pag Pag	reti	réd-Paym	aster, Am. Coal	CO •	Wellersh		U.S.	
rs off ges M3.	0	13. FATHER'S NAME	entine Hencke	7	14. MOTHER'S MAIDEN N			
n 24 haurs after d Give Pages 1, 2, Ih form PM3. Pages 1 a File pages 1 a		15. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF		n Snyder	53	
thin 24 8. Giv with fe mit. Fi	0	[Yes, no, or unknown] NO	(If yes, give war at dates of service)	282-05-0756 M	iners Hospi	Ital records	5 •	
ong ber			EATH [Enter only one couse per EATH WAS CAUSED BY:	the same of the sa			INTE	erval between set and death Gradual
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encil in Office ial-tran		Conditions, it		Traumatic pneufall	umonitis		6	days days
in p in p iner i		(a), stating the	A A A A DIJE TO	so had arterio	osclerosis.			?
AL . E. P.			, (6)	S CONTRIBUTING TO DEATH BUT N			IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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This certifical ward "per of Medical ould be use		PRIMARY OF OF CAUSE OF DEA		cribe how injury occurred. (E		TOT TOT IT OF Hell TO.		
Chie	01	20c. TIME OF IN			CE OF INJURY (Home, farm bry, street, office bldg., etc.		(County)	(Stote)
AIN ting the	0 1			While Not while factors work of work &	Home.	Mt. Savage	Allegar , Inquiry	
4 5 Da .				al couses , Accident [Tamicide , Undel		
AL EX CTOR: agent			111/					DATE SIGNED
Cert form DIRE		ACTUAL SIGNATURE	T. VI DEM	eng M.D.	_M.D. CHIEF MEDICAL EX			DATE STONED
JTY MER e the ce ild be fo ERAL Di designal	2	EXAMINER'S NAME (Type)	H.V.Deming M	D.V		EXAMINER # Apri	1 2-1958	3
Should its			TION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, Iown	, or county)	(Stote)
5 4 5 2		Burial 23. FUNERAL DIRECT	Apr.4 -58	St: Patrick	s Cemetery	Mt. Sav	age	Md.
VS. A15ME 5M 2/57	.0			stburg, Md.		PR 7 '58 20	Deleaue	1
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4038

CERTIFICATE OF DEATH

Reg. Dist. 0.4031

1. PLACE OF DEATH α. COUNTY	Allegany	MARYLAND	o. STATE	NCE (Where deceased ryland	b. COUNTY	Residence before	
RURAL ond give n	If autside corporate limits, write earest town) 1berland	c. LENGTH OF STAY IN 16		wn (If outside corpo	rate limits, write RURA	L and give near	est lawn)
	TAL (If not in hospital, give street of Allegany Cour	oddress)	d. STREET ADD			e	. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First John 3	Middle Thomas	Hode:	4. DATE OF DEATH	Month April	Day 9,	Year 19 58
5. SEX Male	6. COLOR OR RACE 7. MARR	DIVORCED	8. DATE OF BIRTH 2/14/18	371		UNDER 1 YEAR I	F UNDER 24 HRS. Hours Min.
during most of wor Retired	ON (Give kind of work done 10b. king life, even if retired) Laborer - I	KIND OF BUSINESS OR IND		E (Stote or foreign or erland, Ma			WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M				
Unknov	wn				Ann Hodel		
15. WAS DECEASED EVE (Yes. no. or unknown)	(If yes, give wor or dates of service)	The late of the second	INFORMANT P.(Allegany) Address Infirmary		land, Md
Conditions, if a gove rise to i cause (o), stating lying couse last.	mmediate DUE TO	perfected celling to grath BI	a Cor anlexe	LES CLESSES SELECTION OF SELECTION OF SELECTION OF SELECTION OF SELECTION OF SERIES SE	g pertu	IN PART I(a) 19.	WAS AUTOPSY PERFORMED?
PART II. OTI	AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in Port I or Parl	II of item 18.)		YES NO NO
	RY Month, Day, Year 20d. IN While at work	Not while	PLACE OF INJURY (Ho actory, street, office b		or town)	(County)	(Stote)
actual SIGNATURE	Melearker	1010	M.o. 49	Green S	the causes and	an the date	w the deceased e stated abave. DATE SIGNED 10/58
226. BURIAL, CREMATIO REMOVAL (Specify) Burial	22b. DATE THEREOF 4-I2, 1958	22c. NAME OF CEMETERY St. Peter			ion (City, town, or co		(Stote)
James F.	Scarpelli Cum	berland, Md	D 2	ATE APR 1 4		AR'S SIGNATURE	

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

4939 CERTIFICATE OF DEATH

Reg. Dist. No. 04032

1. PLACE OF DEATH O. COUNTY alley any MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maylandb. COUNTY (Illegany)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give parest lower)
OR INSTITUTION Wallace	d. STREET ADDRESS Walloce St e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) A hiddle Middle	Howard 4. DATE Month Day Year OF DEATH and 12 1958
5. SEX 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH OCT. 8, 1869 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. 8, 1869 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Ove kind of work done 10b. KIND OF BUSINESS OR IND during most of vorking life, even if refired). Tellical Stallowing Carriers Lanning (11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2. S. A.
13. FATHER'S NAME. Ankinown	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Mrs. Marion Mely Cumb Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which) (b) Carleven - Se	Chanie desseration Interval BETWEEN ONSET AND DEATH
gove rise to immediate code (a), stating the under lying course last. (c) Werk Hype	Teerion
CATIC	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from ATT alive on ATT 12 12 12 12 12 12 12 12 12 12 12 12 12	th occurred at & A.M., from the causes and on the date stated abave. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) M.D. ### GNELLE ###
220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LQCATION (City, town, or county) (State)
BEMOVAL (Specify 4/15/5 8 Woodlaw 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	on Cam. Cumberland myd.
Lawis flein Inc. Cumb	DATE APR 1 6 '58 COLLEGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4040	CERTIFICATE	OF	DEATH	Q.

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Ren.	Dist.	No	I	1.	O	O

	1. PLACE OF DEATH 6. COUNTY Allegany	ī			MARYLAND	2. U	. STATE	ence (wh		lived. If institute b. COUNTY		nce befo		ion)
		f outside corporate lime earest town)	its, write	- 9	of stay in 16	0		own (If o		ote limits, write f	RURAL ond	give nec	rest tawr	1)
		AL (If not in haspitol,	give street		5-014K/	1	d. STREET AD	DDRESS	the S	tree t				IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Fi	rst		Middle	77767	lost		4. DATE OF	Mor		Do	y	Yeor
ŀ	5. SEX	SALE	-	nuco 🖂 vuco	/ER MARRIED	-	ERTS		DEATH	2 ACT ()		13		R 24 HRS.
	M	W	WIDOW	ED 🖾	DIVORCED	9-	30-18	362		9. AGE (In years lost birthdoy) 95 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work	dane 10b.	KIND OF B	USINESS OR IND	USTRY	11. BIRTHPLA	CE (Stote	ar foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Miner			Coal I	Mines		Shat	ft, 1	Md.		Ţ	J.S.	A.	
	13. FATHER'S NAME					14.	MOTHER'S	MAIDEN N	IAME					
	Wm. Humb	pertson				M	lary 1	[wigg	g					
	15. WAS DECEASED EVER	R IN U. S. ARMED FOI		SOCIAL SEC	CURITY NO. 17.	INFOR	MANT			Add	ress		7	
					E	mor	y Per	ckins	s. Mi	dland,	Md.			
	CATI	the under- the under- ter significant con)	CONTRIBUTII						CONDITION GIV		RT 1(a) 1	9. WAS PERFO	AUTOPSY RMEDP NO
		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCCURR	ED. (Ent	er nature af	injury in P	Port I or Port	II af item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	20d. I While of wor		hile	LACE O actory, s	F INJURY (H street, office	ome, form, bldg., etc.	20f. (City	or town)	(County)		(Stote)
	21. I certify the alive an	at lattended the	deceas , 12 d	10	3/2 and that deat	h occi	, 19 <u>48</u> , urred at 3			the causes of th	nd on t		e state	deceased ed above. ATE SIGNED
	PHYSICIAN'S NAME (Type)	John	N. C.	3, 2	AVIS,	in.	DF		os	Bu	T T	1	m	0 -
	220. BURIAL, CREMATION REMOVAL (Specify)	4/15/58	F		tburg V		MATORY	Par		on (City, town,	or county)		(Stote	
N. A.	Benlah H. Mes	SIGNATURE HA	fer F	Fune:	FSS	ie			8 REGISTR		STRAR'S SH -edu	GNATUR	-	Cl a

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1041 CERTIFICATE OF DEATH

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Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Allegany Allegany Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland, Maryland vears d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 401 Pennsylvania Avenue YES INO I NAME OF Yeor DECEASED ALTCE LOUISA **JOHNSON** DEATH April 22, 1958 (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Female White WIDOWED | DIVORCED T 60 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Own Home Marquess, West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles N. Huffman Chartex Ida Wolfe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 401 Pennaydvania Avenue If yes, give war or dates of service! John T. Johnson Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 mks DUE TO arcinonia of Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 3.1.15, 1958 to apr. 221958 that I last saw the deceased 1958, and that death occurred at 1225 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Clay E. Durrett, M.D. 236 Virginia Ave. Cumberland, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial | Apr. 25, 1958 Evansville Cemetery
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, "aryland

FUNER. page 0 VS A15 (4) 15M 10/57 AT AND A PERSONAL PROPERTY OF A DESCRIPTION OF A SECOND PROPERTY OF A SE

Christian Port Carrier Charles

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BUREAU V. S.

APR 8.8 1953



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No 14035

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY? TI.S.A.

INTERVAL BETWEEN

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(County)

e. IS RESIDENCE

ON A FARM?

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

VS A15 (4) 1SM 9/5S

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

4°43 CERTIFICATE OF DEATH

Reg. Dist. 0.4(136

1. PLACE OF DEATH D. COUNTY ALLEGANY			MARYLA	ND	2. USUAL RESIL	DENCE (Who	ere deceased	lived. If instituti b. COUNTY		LEGAN		
b. CITY OR TOWN RURAL and give	(If outside corporate limits nearest town)	, write	c. LENGTH OF STAY IN	Ъ	c. CITY OR 1	TOWN (If or	utside corpor	ote limits, write R	URAL ond g	give neare	st town)	
CUMBERLAN			13 DAYS			ERLAND)					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, gi	ve street	address)		d. STREET A					•.	IS RESIDENCE	CE W?
MEMORIAL	HOSPITAL				204 HA	Y STRE	ET			`	YES NO	DZ_
3. NAME OF DECEASED (Type or print)	First MARY		Middle M e		JOHN:		4. DATE OF DEATH	APRIL	ith	Day 18	Year 195	8
S. SEX	6. COLOR OR RACE	7. MARS	NEVER MARRIED		. DATE OF BIRTI			9. AGE (In years	-		UNDER 24 I	
FEMALE.	WHITE	WIDOWI	DIVORCED	51	JULY 2	3 1892	2	(ast birthdoy)	Months	Days I	Hours Mi	in.
10o. USUAL OCCUPAT during most of wo		one 10b.	WN HOME	NDUST			or foreign co		12. CIT		WHAT COU	NTRY?
13. FATHER'S NAME			01111 210222		14. MOTHER'S							
HENR	Y CAIN					Y BRAD						
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			-
(Yes, no, or unknown)	(If yes, give war or dates of ser	rvice)	none	ME	MORIAL I	HOSPIT	TAI.	CUMB	ERLAN	o. Mo		
	ATH [Enter only one cou	se per li		1 14	110/11/12				4.1.2.1.1.	INTERV	AL BETWEE	N
	ATH WAS CAUSED BY:	(,	001-004	~ (000)		1		ONSET	AND DEAT	TH
1420.1	DUE TO		a con a co	77			~					
Condition if		C	- Land.	0	(Dec	of or	- 1	0				
Conditions, if	immediate (U)	-0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	00		Trence		J			
catse (o), stating lying couse lost										4500		
	, (c)	UTIONS (ONTRIBUTING TO DEATH	4 RUT I	OT PELATED TO	THE TERMIN	NAI DICEACE	CONDITION OF	ENLINE DAD	1/01/10	WAS AUTO	PCV
5 Longe	multy	le	Ventro	1	Her	ni	il		TEN IN PAKI		PERFORMED ES NO)?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture o	of injury in P	ort I or Port	II of item 18.)				
20c. TIME OF INJU Hour o. m.		20d. Il While of wor	_ Not while		CE OF INJURY (ory, street, office			or town)	(C	County)	(SI	tate)
21 I certify t	hat I attended the	deceas	ed from = ar	24	, 19 S \\	C to 18	For	19S	Sthat I I	ast saw	the dece	acsed
alive on .\	E Who	10<	04 110111.	agth.	_			the causes of	and on the	a data	atatad at	have
all ve on	-0	m/ 17.mm	and mar.a	eum	accorred at			eet, city or town.		ie daie	DATE SI	
ACTUAL	ullento	1	Mulwon	1/4	(o	Pun	Neil	und or	76		199n	258
PHYSICIAN'S NAME (Type)	DR. FULL	ER W	HITWORTH								/	
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 226. DATE THEREOF		SS. Pet					on (city, town, berland			(Stote)	
23. FUNERAL DIRECTO			ADDRESS			24a. REC'D	BY REGISTE	AR 24b REGI	STRAR'S SIG	NATURE		
James H	. Scarpel	li,	Cumberland	d,	Md.	DATE AP	R 2 2 '5	3 (11.	Leau	- 1		

District the State of the State			
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	and the same	A Commission Consider	
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POW-WOOD	AND AVERAGE		
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1958 1958 1958			
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CEPTIFICATE OF DEATH

04037

TO MORPITAL OF ATTENDING PHYSICIAN. The low consists that the death certificate he executed within 24 hours offer death. Page 4	director.	page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.
r deoth.	may be retained by the hispital or attending physician. TO FUNERAL DIR R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	old be fi
ours often	n by fire	nd 2 sho
hio 24 h	y filled i	oges 1 o
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artificate	physicio	haurs a
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The four	physici has beer	rial-tran maval. a
NAID.	attending	as the bu
S PHY	pital ar	far use crematic
NICNSE	the has	etached burial.
TA 90	DIR	old be d
ATION	may be retained by the haspital ar attending physician FUNERAL DIR R: After this certificate has been significant.	page 3 shauld be detached far use as the burial-transit permit. Then please remove-carbon pape the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.
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VS A15 (4) ISM 9/55

	子 子	*	CERTIT	CAI	L 01	DLAII			Reg. D	ist. No		
. PLACE OF DEATH				2.	USUAL RES	SIDENCE (WH	ere deceased	lived. If institution	on: Reside	nce befo	re admis	sion)
	egany		MARYLAI	ND		Maryla	nd	b. COUNTY	AT	lega	nv	
	I (If outside corporate limit	s, write	c. LENGTH OF STAY IN	1b				rote limits, write R				n)
	berland		24 days	10	2	Cumbe	rland					
	PITAL (If not in hospital, gi	ve street			d. STREET						ON	SIDENCE A FARM?
	Sacred Heart	Hos	pital			229 Em	ily St	reet			YES [NO D
3. NAME OF DECEASED	Firs	1	Middle		U	ost	4. DATE OF	Mon	th	Do	у	Yeor
(Type or print)	CHAR	LES	A .		JO	NES	DEATH	Ar	ril	8	}	1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED	8. D	ATE OF BIE	TH	12/15/12	9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	ER 24 HRS.
Male		WIDOWI			7/27	/05		lost birthdoy)	Months	Days	Hours	Min.
	TION (Give kind of work d			NDUSTRY	11. BIRTH	PLACE (Stote	or foreign co	16	12. C	ITIZEN (OF WHA	T COUNTRY
during most of w	orking life, even if retired)		Self Employ									
Gardel 13. FATHER'S NAME	ner	10	serr rubro			Whales		dlii			LS.I	-
J. PATHEK S NAME					4. MOTHER	2 WAIDEN I	IAME					
	t Jones					ry Ann	Pryor	2				
(Yes, no. or unknown)	VER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	RMANT	200		Add	ress			
no					Pt.	ts Cha	rtS	acred F	lear	t Ho	spi	tal
	DEATH [Enter only one cou	se per li	ne for (o), (b), and (c).]		n					LINT	ERVAL B	ETWEEN
PART I. D	EATH WAS CAUSED BY:		Cancer .	wel	1111							DEATH
15114	IMMEDIATE CAUSE (o)		comer 9	Cur	iciri		7		-	(0	nerg	nth
154X	DUE TO											
Conditions, if				/								
couse (a), statir												
lying couse los	st. (c)											
PART II. C	OTHER SIGNIFICANT CONE	OITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED	TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(0)	PERF	ORMED?
		201 000	COLOR HOLD IN COLOR	LIBBED IF		04 101 0 10 1	0	11 -6 '4 20 \			IES [] ио 🗌
20g. ACCIDENT NO CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH	200. DES	CRIBE HOW INJURY OCC	UKKED. (E	cnier noture	or injury in	rom tor rom	is of frem 16.)				
	FY MEDICAL EXAMINER)											
Y 20c. TIME OF INJ		r 20d. II While		e. PLACE foctory	OF INJURY	(Home, formice bldg., etc	. 20f. (City	or town)		(County)		(Stote)
p. n	10	of wor	k ot while									
21 1 continu	that I attended the	dococe	ad from 3 -	20	. 19>3	- to 4	1- 8	- , 1958	thet !	last s	and the	decense
21. I certify	4-8-58	deceds	ed from				73		, inai i	IQST S	aw the	decease
alive on		_, 19	, and that de	eath oc	curred o					the do		
4071141	& Man				-	-01	ADDRESS (SI	reet, city or town.	stote)	111	,	ATE SIGNE
ACTUAL SIGNATURE	h / Whin	3		M.D		/ Jule	en !	1 Cumbl	ylon	1 JIL	12)	4-10-5
PHYSICIAN'S NAME (Type)	Dr. I. Bring					5	7 Gree	ene Stret	at.			
	TION, 22b. DATE THEREO		22c. NAME OF CEMETE	DY OP C	PEMATORY			ION (City, town,			(Sto	te)
REMOVAL (Speci	ify)										(310	
Burial	14-11-19	58		rick	C'S C	emete		umberla		Md.		
23. FUNERAL DIRECTO			ADDRESS	,		24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE /	
Tames	F Scarne	lli.	Cumberland	1. M	d.	DATE	ADD 1	1 158	001	- 0	. /	

Andrew Sty Lineary Service Milester St. Lineary APR 14 1958

6

MARYLAND 4°45	STATE DEPARTM CERTIFICA	ATE OF DEAT			Dist. No. 0403
ganv	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		ed. If institutions Resid b. COUNTY	Allegany
outside corporate limits, write rest town)	c. LENGTH OF STAY IN 16			limits, write RURAL on	
1	21 day s	02 Cumb	erland		
L (If not in haspital, give street	address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Sacred Heart I	Hospitak	ע רו	larion Si	treet	YES NO
First	Middle	. Lost	4. DATE	Month	Day Year
TADMUJOT.	SAMUEL	KELSO	DEATH	April	2 1958
6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF UND	
WIDOWS	DIVORCED []	December 2	7.187186	6 87K yrs.	Doys Hours Min.

1. PLACE OF DEATH o. COUNTY	egany		MAR	YLAND	O. SIAIE	Marvl		b. COUNTY	on: Reside			
	f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b				e limits, write R	URAL ond		lega est lown	
Cumberla	nd .		21 day	8	02	Cumbe	erland					
	AL (If not in haspital, (give street ac			d. STREET A							FARM?
	Sacred He	ert H	ospital			ון אי	rion S	treet			YES [NO []
3. NAME OF DECEASED (Type or print)	Fi	rst	Midd		. Los		4. DATE OF DEATH	Mon		Day		eor do
5. SEX	TAPMUJET.	17	SAMUE			TSO			ril	2 YEAR II		958
J. 3EA	6. COLOR OR RACE				B. DATE OF BIRT			AGE (In years lost birthdoy)	Months		Hours	Min.
Male	W	WIDOWED	7		Decemb	er 27	,18718	6 87K yrs.				
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHPE	LACE (Stote	or foreign cour	ntry)	12. CI	TIZEN OF	WHAT	COUNTRY
Retired	Farmer	Gen	eral Far	ming	Hamp	shire	Count	v. West	Va.	TI.	-5-4	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	0 7			4000	
James	s Kelso				Mi	nanus	Spaid					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY N	0. 17. 1	NFORMANT	nerva	~paru	1) Add	eön S	1A	111	
	(If yes, give wor or dates of t	retrice)		1								
No Lin Cause of De	The fact of				s. Leon	a_Web	ster	Cumber	land,			
	TH [Enter only one co		A		4. P -	+ 11 1				ONSE	VAL BE	DEATH
	IMMEDIATE CAUSE (c	1 4	artensel	wol	w lear	l lli.	rease		234	1/2	ela	2
420.0	DUE TO									3	,	
Conditions, if o	ny, which)		aturo	elys	ni (de		2 and)		2	11.	,
gove rise to i	mmediote (CCCCCC V	0-01	1	nun	0	/			A JA	-
Lying couse lost.	the under-											
_	150 SICNIFICANIX CON	(PITIONIS CO	ALITRIBUTING TO D	CA 714 D117	LIOT BELLTED TO	Y 15 750111	LAL DISCASS S	.0.1017101101	5.1.1.5.5.1		10/05 /	LIZORCY
PARI 11. 017	IER SIGNIFICANT CON	IDITIONS CC	MIKIBUTING TO D	EATH BUT	NOT RECATED TO) THE LEKMIT	NAL DISEASE C	ONDITION GIV	EN IN PAI	(1 1(0) 17.	PERFO	RMED?
₫										1	YES 🗌	но 🗌
C (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in P	ort I or Part II	of item 18.)				
20c. TIME OF INJUR Hour o. m.		ar 20d. INJ While	URY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, form, e bldg., etc.	20f. (City or	r fown)	(County)		(Stote)
p. m.	19		of work									
21. I certify th	at 1 attended the	deceased	1 from 2-	4	1956	5 to 4	-2-	, 1953	that I	last sav	the	dacaasaa
alive on 4	1-1-	, 19 5			occurred at			, 17	,11101	IUSI SUM	v IIIe	decedsec
dive on	A		, and the	ir dearn	occurred at					he date		
ACTUAL	V 11.					ma-		et, city of Jown,			U DA	TE SIGNED
SIGNATURE	· / Mm	0			M.D	0/6/	cone &	1 lum	hulo.	ad It	ld	4-2-5
PHYSICIAN'S NAME (Type)	L. Brings	М	.D. 57 G	reen	e St.,	Cumbe	rland,	Maryla	and		4/	2/58
220. BURIAL, CREMATIO	N, 226. DATE THEREC	OF	22c. NAME OF CE	METERY C	R CREMATORY		22d. LOCATIO	N (City, town,	or county)		(Stote)
REMOVAL (Specify) Burial			Hillcres	W/h		rk		land.		and	(3.010	
23. FUNERAL DIRECTOR		1900	ADDRESS		Tal ra							
		amlam		and		I P	PR PRISINA	24b REGIS	ALK 36.36	MANAGE		
John J. Ha	aler, cumb	erlan	u, aryl	and		DATE	.,					

VS A1S (4) 1SM 9/SS

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CERTIFICATE OF DIATH

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EUREAU V. K.

1958 SI 1958



VS A15 (4) 15M 10/57 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4047 CERTIFICATE OF DEATH

Reg. Dist. No. 4040

	o. COUNTY	anv	MARYLAND	2. USUAL RESID		sed lived. If institution b. COUNTY		fore admiss	ion)
	b. CITY OR TOWN (If outs RURAL ond give neorest Cumber Land	ide carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T		porate limits, write RI	URAL ond give n	nearest tawn)
	d. NAME OF HOSPITAL (IF	not in hospitol, give street dan Place		d. STREET A					IDENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	First George	Middle C. N	laguire	4. DATE OF DEAT	H April Mon	th [9,		Yeor 58
	M	W widow		8. DATE OF BIRTH	2, 1897	9. AGE (In years last birthday) O yrs.	Months Days	-	R 24 HRS. Min.
)	10a. USUAL OCCUPATION (Goduring most of working li	ive kind of work done 10b. fe, even if retired) Peman	KIND OF BUSINESS OR INDURAL Railroad		gany, N.	_	12. CITIZEN USA	OF WHAT	COUNTRY?
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	John Magui	re		Mar	garet Wh	alley			
	15. WAS DECEASED EVER IN I (Yes, no or unknown) If yes.	J. S. ARMED FORCES? 16.	30CIAL SECURITY NO. 17.	INFORMANT Mary Kif	er Magui	ire 508 S		an Fl	ace
	PART 1. DEATH WIMM	DUE TO	Posenar	The	ombo	ois	IN OIL	ITERVAL BE	TWEEN DEATH
	Conditions, if ony, we gave rise to immediately couse (o), stoting the unitying cause last.	diate (Dur To	Myocar	detes	·	A		2 m	22
)	CAT		CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(o)	PERFO	AUTOPSY RMED? NO
	200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	DERLYING 20b. DES AUSE OF DEATH CAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of	injury in Part I or P	ort II of item 18.)			
	20c. TIME OF INJURY M Hour a. m. p. m.	onth, Doy, Year 20d. I 19 While of wor	_ Not while _ fo	LACE OF INJURY (I octory, street, office	lome, form, 20f. (C bldg., etc.)	ity ar town)	(County	γ)	(Stote)
	21. I certify that I alive an Cofer Actual SIGNATURE PHYSICIAN'S NAME (Type)	y E. Durre	,	h accurred at	ADDRESS	om the causes a (Street, city or town,	atate)	saw the late state	deceased dabave.
	220. BURIAL, CREMATION, 2	26. DATE THEREOF 4-23-58	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOC	ATION (City, town, onberland	r county)	(State	:)
	23. FUNERAL DIRECTOR'S SIG	carpelli C	umberland, Mo	d	24a. REC'D BY REGI	STRAR 246. REGIS	TRAR'S SIGNAT	URE	

CERTIFICATE OF DESTIN

etc. Marya Can.

SOUTH METOCOREL



8361 ES 99A



2 2/		MARYLANI	D STATE DEPART	MENT OF HEALTH	H-BALTIMORE,	18	
1	上	40	48 CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	04041
	1.	PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUN		
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits, write RLAND	RURAL and give nea	rest tawn)
60		d. NAME OF HOSPITAL (IF ON INSTITUTION MEMORIAL & WARWICK AVE	SPOTAL ES	d. STREET ADDRESS	STREET		e, IS RESIDENCE ON A FARM? YES NO 1
	3.	NAME OF First DECEASED (Type or print) JAMES	Middle S WEBSTER	MAHANEY		anth Day	Year 1958
	5.	MAIL	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-16-1870	9. AGE (In year lest birthday year	Manths Days	IF UNDER 24 HRS. Haurs Min.
	L	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Retired Brakeman FATHER'S NAME	b. KIND OF BUSINESS OR IND Railroad	USTRY 11. BIRTHPLACE (Stole MARYLA 14. MOTHER'S MAIDEN 1	ND	U.S.A	F WHAT COUNTRY
		NATHAN MAHANEY WAS DECEASED EVER IN U. S. ARMED FORCES? 1. no. or unknown) 1 (If yet, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	SARAH SC	HMIDT.	ddress	
		18. CAUSE OF DEATH [Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost. [b] DUE TO UNITED TO (c)	705-07-9525 Tine far (a), (b), and (c).]		Mae Brown,	INTE	RYAL BETWEEN ET AND DEATH
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BE	werete,	oto 1	GIVEN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED? YES NO D
	MEDICAL	Haur a.m. Whi		PLACE OF INJURY (Hame, farm actory, street, affice bldg., etc), 20f. (City or town)	(County)	(State)
1		21. I certify that I attended the deced olive on 19. ACTUAL SIGNATURE PHYSICIAN'S DR. R. J. WILL MAME (Type)	Many		AM, from the couses ADDRESS (Street, city ar tow		
	-			OR CREMATORY	22d. LOCATION (City, town		

BUREAU V. S.

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in by The funeral director, and 2 should be filed with

death: Page 4

requires that the death certificate be executed within 24 haur

DR: After this certificate has been signed by the attending physician and completely filled etached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of

the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after <u>d</u>eath

detached for use as the burial-transit

Timothy Konhaus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4101 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04042

								keg. Dist, r	10.	
1. PLACE OF DEATH a. COUNTY A]	legany		MARYLA	ND	2. USUAL RESIDENCE (Who a. STATE Maryla		lived. If institution b. COUNTY	Residence be		in)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limit nearest tawn) Cumber	cland	LENGTH OF STAY IN 11 mo., 25de	- 1	c. CITY OR TOWN (If o			RAL and give	nearest tawn)	
d. NAME OF HOSPI OR INSTITUTION	Sylvan F				d. STREET ADDRESS Rt. #3				e. IS RESID	
3. NAME OF DECEASED (Type or print)	Lincoln	f	Middle A.		lost Martz	4. DATE OF DEATH	Month Apri		Day Ye 20 19	58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED		Aug. 23, 186			Months Doy	AR IF UNDER	24 HRS. Min.
during most of wor	ON (Give kind of work drking life, even if retired)		nd of Business or i	IN D UST	Pennsylv		untry)	U.S.	OF WHAT C	OUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
H	erman Mar	tz			(Unknow)	n) Ri	ngler			
15. WAS DECEASED EVE (Yes no. of unknown)	ER IN U. S. ARMED FORG (If yes, give war or dates of se	rvice)	one		formant mer Martz,I	Rt 3,	Cumber:		Md.	
PART I. DEA LA Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-	422	Chroni Level Since	le	Tryeco el arte De fer	rio	ofe's sclero	000	NTERVAL BETY NSET AND D	EATH
30	4 Su	wet	e por	10	NOT RELATED TO/THE TERMIN			I IN PART 1(o)	19. WAS AL PERFORI YES	MED?
OR CONTRIBUTING	MEDICAL EXAMINER)				(Enter noture of injury in P					
Y 20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea 19	while	_ Not while	focti	CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (City	or town)	(Count	y)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James E. Me	3.	Land that de	eath w	6, 195 / ta 2 occurred at 2 1/5	M, from	the causes an eet, city or town, str	d an the c	late stated	
Burial	April 2				CREMATORY Cemetery		ON (City, tawn, ar		(Stote) Penna	To the one on one
23. FUNERAL DIRECTOR	Konhaus	Me	address			APR 2 3		RAR'S SIGNAT		

Pa.

Meyersdale,

TO HOSPITAL OR may be retaine TO FUNERAL DIN page 3 should VS A15 (4) 15M 10/57

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BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4023 CERTIFICATE OF DEATH

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Reg.	Dist.	No.	生	U	Ī.	A.

1.	PLACE OF DEATH	LLEGANY		MARYLAN	71	O. STATE MARYL	Vhere decease AND	d lived. If instituti b. COUNTY		GANY	mission)
Γ	RURAL and give no		ts, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF		orate limits, write R	URAL and gi	ve nearest t	lawn)
L	CUMBERL			2 HRS. 10 M	1110	X RAWLI	NG5				
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				O	RESIDENCE N A FARM?
3.	NAME OF	Fire	ıt	Middle		Lost	4. DATE	Mor	46.	0.	
	DECEASED (Type or print)		BABY	BOY MC			OF DEATH	4.00	L	26	19 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
	MALE	WHITE	WIDOW	ED DIVORCED		PRIL 26. 1	958	yrs.	Manths [Days Hou	urs Min
10	a. USUAL OCCUPATIO	ON (Give kind of work of	iane 10b.	KIND OF BUSINESS OR IN				ountry)	12. CITIZ	EN OF WH	HAT COUNTRY?
Н	during most af wart	king life, even if retired				CUMBERL	AND M	ADVI AND		J.S.A.	
12	. FATHER'S NAME				- 1,	-		ANTLAND		J.J. M.	•
1'3						. MOTHER'S MAIDEN					
		D. MC CUSK				LORENA	HAMPIO	N			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO			Add			
		, , , , , , , , , , , , , , , , , , , ,			MEN	IORIAL HOSP	ITAL -	CUMBERLA	AND, ME	0.	
		ATH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	(pa for (a) (b), and (c).]	دما	Eurite	7				BETWEEN ND DEATH
ATION	Conditions, if a gave rise to it cause (a), stating tying cause lost. PART II. OTHER	mmediate the <u>under-</u> DUE TO		CONTRIBUTING TO DEATH	BUT NO	I RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	'EN IN PART	PEI	AS AUTOPSY RFORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture af injury in	Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Yea	While		. PLACE factory	OF INJURY (Home, far, street, affice bldg., e	m, 20f. (Cit)	or tawn)	(Co	ounty)	(Stote)
-	21. I certify th	at I attended the	deceas	ed from		_, 19, to		, 19	.,that I la	ist saw th	he deceased
THE REAL	alive an	alles	12	Mulso	ath oc	curred at 12:50		n the causes of treet, city ar town,		date st	pated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	DR. F.B.	VT I HW	WORTH							U
C	REMOVAL (Specify)	4-27-5	8	Memoria /	HOS	. 1	224 LOCA	TION (City, town,	1	md	State)
	Memorial H		mber	land, Marylar	nd.	24a. REC	Y 1 '5	_ // /	educ	NATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4950 CERTIFICATE OF DEATH

			0	A	A	1	1
Rea.	Dist.	No	11	4	1	4	-

	PLACE OF DEATH				2.	USUAL RESIDENCE (Who, STATE	ere decease			ce before	odmissi	ion)
	Allega			MARYL	AND	Maryla	nd	b. COUNTY		gany		
V	b. CITY OR TOWN (II RURAL ond give no	outside corporate limitarest lown)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	outside corpo	prote limits, write R	URAL ond g	give neare	est fown)
20	Cumberland			9 days		Cumberland						
	OR INSTITUTION	AL (If not in hospital, g		address)	1	d. STREET ADDRESS			-	•.	IS RES	DENCE FARM?
1	Sacred Hear	rt Hospital	L			604 Woodlaw	n, Ter	race				NO 🗌
3.	NAME OF DECEASED	Fin	st	Middle		Mc Greevy	4. DATE	Mon		Day	1	feor
	(Type or print)		nick			McGreavy	DEATH	Apri	Ll	29	1	9 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	8. 0	ATE OF BIRTH	7-7-7	9. AGE (In years last birthday)				
	Male	White	WIDOW	DIVORCED	0 7	/13/94		63 yn.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CIT	ZEN OF	WHAT	COUNTRY?
	Driver	mg me, even ii temoo		ewspaper		Maryla	nd		U	J.S.A		
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME					30.
	Thomas XX	M WARME	c Gr	eevy		Nancy Ar	nold					
	WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
Ĺ	yes	War I				Pt's ch	art.					
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (a), (b), ond (c).]		1 0					VAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tulmona	3	Venorha	9.2			UNSE	-	MAN
	162,1	DUE TO			0	- 12				1		1
	Conditions, if or	ny, which) (b	,	, Ironc	hog	ence l	orci	none	/			
	gove rise to it	nmediote (
	lying couse lost.	(c)									
20	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY
CERTIFICATION										1	PERFO	NO 🗌
RTIF	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of injury in f	Port I or Por	t II of item 18.)	- 77 -			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			Oe. PLACE	OF INJURY (Home, farm, street, office bldg., etc.	, 20f. (City	or town)	(0	County)		(State)
WED	Hour a.m. p.m.	19	While at work	Not while	lociory	, sincer, office bidg., etc.	1					
	21. I certify th	at J attended the	deceas	ed from 4/7	20	1958 to	4/29	7 1050	that I I	ast say	the.	deceased
	alive an	4/28	19-		death ac	curred at 4:001	AM from	n the couses o	and on th	e date	state	d abave
		10 1	./	2				treet, city or town,		ic daic		TE SIGNED
	ACTUAL	Leo N.	1	y fr.	мр	45%	N. C	entre S	1		4/2	29/58
				10					/			
	PHYSICIAN'S NAME (Type)	-EO H.	LE)	V JR. H	1.D.	Cum	bel	~_Q	ml	4		
	BURIAL, CREMATIO	N, 226. DATE THEREO		22c. NAME OF CEMET			_	TION (City, town,	- ''	TEO	(Stote	•)
_	Burial	May 2,	1958		y's	Cemetery	Cu	mberlan		- 1		
23.	FUNERAL DIRECTOR			ADDRESS			D BY REGIS	TRAR8 246 REGI	STRAR'S SIE	NATUR		
L	James F	. Scarpe.	lli,	Cumberland	d, Md.	DATE	MAY					

VS A15 (4) 15M 9/55

MARYIAND STATE DEPARTMENT OF HEALTH—BALTUMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4102 CERTIFICATE OF DEATH

Reg. Dist. N() 4 () 45

1. PLACE OF DEATH	Allegany		MARYLAND	o. STATE	dence (wh		lived. If instituti b. COUNTY	on: Residen	oce before odm	ission)
b. CITY OR TOWN RURAL ond give LaVale	(If outside corporate limits nearest town)	, write c. LENG1	TH OF STAY IN 16	c. CITY OR			te limits, write R	URAL and	give nearest to	wn)
d. NAME OF HOSP	ITAL (If not in hospital, giv	re street address)		d. STREET A	1 0122 0				e. IS R	ESIDENCE
OR INSTITUTION	719 LaVale T	errace.		/ ,	719 La	Vale T	errace			A FARM?
3. NAME OF DECEASED (Type or print)	First Howard	Louis	Middle Mignot	Los	it	4. DATE OF DEATH	Mor April	15.	Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	MARRIED N		B. DATE OF BIRTI	Н		. AGE (In years		1 YEAR IF UN	.,
Male	200 2 4	WIDOWED [DIVORCED	Jan. 12	.1899		last birthday) 59 yrs.	Months	Days Hour	s Min.
10a. USUAL OCCUPAT during most of wo Retired Yar	ION (Give kind of work dorking life, even if retired) d Clerk		BUSINESS OR INDU		ACE (Stote o		ntry)		S. A.	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
Char	les L. Migno	t		Annie	Greid	ler				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORC			INFORMANT s. Howard	d Mign	not. 71	Add 9 LaVa1		r. LaVa	le .Md.
20a. ACCIDENT W	the under DUE TO (c) THER SIGNIFICANT COND		ING TO DEATH BU					'EN IN PAR'	PERF	S AUTOPSY ORMED? NO []
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year		while fo	ACE OF INJURY (I	Home, farm, bldg., etc.	20f. (City o	r town)	(0	County)	(State)
actual signature Physician's NAME (Type)	William F. ON, 22b. DATE THEREOF	Ville Williams	and that death	M.D	3 a Susa Cimb	ADDRESS (Street)	et, city or town;	and on the	he date sta	
REMOVAL (Specify Burial	April 17,	1958 Ec!	chart Cem			Eckha		//	(Si	.,
Charles L.		mberland				PR 1 7	0	STRAR'S SIG	GNATURE	

peter for a proof of all the left at the late of the l BUREAU V. S. 8961 LT EL.

* OHL TARRETTO HE GALLE

APRINE

death. Page

within 24

executed

certificate be

death

ATTENDING PHYSICIAN: The law requires that the

TO HOSPITAL OR

VS A15 (4) 15M 9/55

1. PLACE OF DEATH

o. COUNTY

ALLEGANY

b. CITY OR TOWN (IF RURAL and give nea CUMBERLAN

d. NAME OF HOSPITA

NAME OF DECEASED

5. SEX

(Type or print)

FEMALE

13. FATHER'S NAME

10o. USUAL OCCUPATION during most of working

15. WAS DECEASED EVER (Yes, no, or unknown)

> 18. CAUSE OF DEAT PART 1. DEAT

Conditions, if on

gove rise to im cotse (a), stoting th

lying couse lost.

CATION

CERTIFIC

MEDICAL

MEMORIA

MA	ARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIM	ORE, 18	
*	4051	CERTIFICA	ATE OF DEATH	1	Reg. Di	it. No. ()4()46
EGANY		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND		COUNTY	ce before admission) GANY
OR TOWN (If outside corpor ond give nearest lown) MBERLAND	ote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF &		nils, write RURAL and (give nearest town)
OF HOSPITAL (If not in hos ISTITUTION MEMORIAL HOSP		oddress)	d. STREET ADDRESS 3 WEST MAIN	N STREET		e. IS RESIDENCE ON A FARM? YES NO
F D print)	First BABY	Middle GIRL	Lost MILLER	4. DATE OF DEATH	Month APRIL	Day Year 17 19 58
6. COLOR OR LE WHITE	_	DIVORCED	8. DATE OF BIRTH APRIL 17,	1958 de lost	E (In years birthdoy) RS • WX	1 YEAR IF UNDER 24 HRS. Days Hours Min.
OCCUPATION (Give kind o most of working life, even if	f work done 10b. retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
S NAME EARI	L C. MILI	ER .	14. MOTHER'S MAIDEN N	R, ANN EL	IZABETH	
CEASED EVER IN U. S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT MEMORIAL HOSE	PITAL \	Address CUMBER	LAND. MD.
USE OF DEATH [Enter only PART 1. DEATH WAS CAUSI IMMEDIATE CA	ED 8Y:	For (0), (b), and (c).	rity (21	w. Ru)		INTERVAL BETWEEN ONSET AND DEATH
lions, if ony, which	(b) DUE TO					
PART II. OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PAR	1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF ER, NOTIFY MEDICAL EXAM	DEATH AINER) 206. DESC	ERIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	'art I ar Part II of i	tem 18.)	
E OF INJURY Month, Do our o.m. p.m.	19 20d. It While al worl	_ Not while fo	ACE OF INJURY (Home, farm, octory, street, office bldg., etc.		(n) (C	County) (Stote)
certify that attende	ed the decease	ad fram. 4		M, from the	causes and an Il	ast saw the deceased ne date stated above.

20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify thic

alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

22d. LOCATION (City, town, or county) (Stote) Aryland 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

DATE PR 2 8 '58

AND ROLL SOR 9 THE RESIDENCE OF THE PROPERTY ERBEVIL A. & APR SO 1000

the hospital or ottending physicion. Rich hospital or ottending physicion. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, relached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filed with a burial cremation, or removal, and in enyment within 72 hours ofter death. deoth. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft the registror prior to buriol, crematian, or removal, and

V.

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4052

CERTIFICATE OF DEATH

Reg. Dist. No. 4047

1	PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution to start Maryland b. COUNTY A								before odmis gany	sion)			
1	b. CITY OR TOWN (RURAL ond give n	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Cumberland Life				0	02 Cumberland							
	d. NAME OF HOSPI OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street oddress)				d. STREET ADDRESS e. 15 RESIDENCE ON A FARM2							
L	704 Frederick Street				70.	4 Fre	ederi	ck St.] NO 🔯		
3	NAME OF DECEASED	Fin	rst	Middle		Los		4. DATE OF	Mo		Day	Year	
		Lement		н.				DEATH	April	28,		19 58	
5	. SEX			RIED ALNEVER MARRIE		ATE OF BIRTI	Н	F 100	9. AGE (In years lost birthdoy)	Months D	YEAR IF UND	ER 24 HRS.	
	Male	White				ov.3.	1893		64 yrs		073 110015	74	
1	Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	ountry)		EN OF WHAT	COUNTRY	
	Foreman		B	. & 0.		Maryland WSA							
1	3. FATHER'S NAME		A 6.0		1	14. MOTHER'S MAIDEN NAME							
	Henry (Henry C. Miller					Mary K. Siehl						
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address												
ľ	Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	05 09 867	72	Emma	E. N	dille:	r, Cumb	erlan	d, Md		
F	18. CAUSE OF DEA	ATH Enter only one co	ouse per li	ne for (a) (b), and (c).]			-				INTERVAL B	ETWEEN	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH 2. A THE												
	420.1	DUE TO		~ ~ ~		1	77-8	Test !				19.	
	Conditions, if any, which)												
4	gove rise to immediate												
	codise (o), stoting the under-												
١,	lying couse lost. (c)												
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?												
											YES	NO []	
O La Contract	OR CONTRIBUTING	20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER! 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)											
								T					
1	20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. II While	NJURY OCCURRED Not while	20e. PLACE factory	OF INJURY II	Home, form, bldg., etc.	, 20f. (City	or town)	(Cou	onty)	(Stote)	
12.4	p. m.	19		k of work			200						
	21. I certify that I attended the deceased from Lant Daying to 18,20,55 19 that I last saw the deceased												
	alive on	0.70,	195	, and that			2 /						
		-11	/	4 .	acam oc	corred ag			reet, city or town			ATE SIGNED	
1	ACTUAL	Mu of	- 701	Hillians	1	1/1	melon	ula-	. 1 700	0	it.	20.00	
	SIGNATURE M.D. Y WILLIAM M.D. Y												
	PHYSICIAN'S NAME (Type)												
2	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR							22d. LOCAT	ION (City, town,	or county)	(Sto	te)	
	BEWONAL Specify	n Cer	netery	7	H	yndman,	Pa.						
2	3. FUNERAL DIRECTOR	'S SIGNATURE	1958	ADDRESS				BY REGIST	-	ISTRAR'S SIGN	ATURE		
	Byron Ki	Lght (Cumb	erland, M	d.		DATE MA		58 000	1 .	- 1		
							A IN			1	/		

TO FUNERAL DIRE poge 3 should be VS A15 (4) 15M 9/55

In the case of	HIANG TO ST	CERTIFICA	380		
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MANUAL STATE DEPARTMENT OF HEALTH HALVORM

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	49	86	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 14 (148			
PLACE OF DEATH o. COUNTY A]]	egany		MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	nere deceased lived	f. If institution: Resi			
b. CITY OR TOWN (If RURAL ond give ne	outside carporote limi arest tawn) tourg		Lifetime	c. CITY OR TOWN (IF o					
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g		treet	d. STREET ADDRESS		Street	e. IS RESIDENCE ON A FARM? YES NO NO		
NAME OF DECEASED (Type or print)	Fir Eliza		Middle	Lost Miller	4. DATE OF DEATH	Month 1	Day Year II 1958		
F.	W.	WIDOWED		B. DATE OF BIRTH Mar. 2T	I864 10s	94 yrs. Manth	DER TYEAR IF UNDER 24 HRS		
during mast ar wark	N (Give kind of work on the life, even if retired) ework		o of Business or Indu	STRY 11. BIRTHPLACE (Stote Zihlman	or foreign cauntry	12.	CITIZEN OF WHAT COUNTR		
FATHER'S NAME	Jobe Ste			14. MOTHER'S MAIDEN N		S			
. WAS DECEASED EVER		CES? 16. SOC		NFORMANT	ont.330	Address E. Main	St.Frostbu		
	he under- DUE TO (c)	DITIONS CONT	me.	NOT RELATED TO THE TERMI			ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)		Y OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or to		(Caunty) (State)		
21. I certify the alive on Actual signature Physician's NAME (Type)	at I attended the	deceased f			Myel C M, from the ADDRESS (Street, c	causes and an	I last saw the decease the date stated above DATE SIGN		
BURIAL CREMATION REMOVAL (Specify) Burial	22b. DATE THEREO 4-I4-I9		ostburg Me	morial Pk.	Frost	City, tawn, ar caunty	(State)		
FUNERA DIRECTOR'S	SIGNATURE HOT		ADDRESS Frostburg	Las prote	APREGISTRAR 5	24b. RGSTRAR'S			





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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

or attending physician. s certificate has been signed by the attending physician and campletely filled in secretical control of the control o please remove within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 04049

		CERTIFICA	ATE OF DEAT	Н	Reg. Dist. No.				
1. PLACE OF DEA o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing						
RURAL and	WN (If outside corporate limits, write give nearest town) rostburg	c. LENGTH OF STAY IN 1b							
d. NAME OF I OR INSTITU	HOSPITAL (If not in hospital, give stree TION Miners Hospi	And the second second	d. STREET ADDRESS	ONA	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	0.00070	Middle Waddell	Miller	4. DATE Mont		Year 19 5 8			
5. SEX Female	6. COLOR OR RACE 7. MAI	VED DIVORCED	8. DATE OF BIRTH November 20	Desirable desirable de la constante de la cons	Months Doys Hours	R 24 HRS. Min.			
during most of	UPATION (Give kind of work done of working life, even if retired) USE Work	Own Home	Lonacor	ning, Maryland	12. CITIZEN OF WHAT				
13. FATHER'S NA	William Wad		14. MOTHER'S MAIDEN NAME Jessie Graham						
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMED FORCES? [If yes, give wor or dotes of service]		NFORMANT PS.William	Ternent Lo	onaconing, M	id.			
PART 422 Conditions gave rise couse (o), si	DE DEATH [Enter only one couse per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO s. if any, which to immediate toting the under-	aute left	heart fa	iter" Cline; myoca cart failur	INTERVAL BE ONSET AND	DEATH			
Iying couse PART 200. ACCIDE OR CONTRIB (IF EITHER, N	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE CONDITION GIV		AUTOPSY RMED?			
	NT WAS UNDERLYING TUTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Port II of item 18.)					
Hour	a. m. While	l la	ACE OF INJURY (Home, far clory, street, office bldg., et	m, 20f. (City or lown)	(County)	(Stole)			
21. I certi alive an_ ACTUAL SIGNATURE	fy that I attended the decea	, and that death		M, from the causes a	and on the date state				

the registrar priar ta burial page 3 shauld be TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn

220. BURIAL, CREMATION, 22b. DATE THEREOF

PHYSICIAN'S NAME (Type)

ADDRESS Lonaconing, Md.

Oak Hill

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

Leslie R. Miles, Jr., M.D.

4/17/58

240. REC'D BY REGISTRAR

Lonaconing, Md.

22d. LOCATION (City, town, or county)

CONING MO

(Stote)



BUREAU V. S.

" Telling To

HIASO TO STARRITHD OF STARRING

Course Saddhers Consecuting, 15,

STATES AND SEVENA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4053

CERTIFICATE OF DEATH

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death. Page 4

may be retained by the hospital or attending physician.

The funeral director.

To funeral and a second of the hospital or attending physician.

To funeral director.

To funeral pope 3 should be delached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a

					Reg. Dist. I	No.
1. PLACE OF DEATH a. COUNTY			ENCE (Where dece	ased lived. If institution	n: Residence b	pefore admission)
Allegany	MARYLAND	a. STATE M	aryland	b. COUNTY	Alle	gany
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TO	OWN (If autside co	rporate limits, write RU	RAL and give	nearest tawn)
	2 years	X C	umberla	nd		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		/ d. STREET AD	DRESS			e. IS RESIDENCE ON *FARM?
Baltimore Pike- Cumber	land, Md	Baltim	ore Pik	e-Cumberl	and,	Md YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DAT	E Month		Day Year
(Type or print) Ludovicus		Miller	DEA	Why I'm		6 1958
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	05 3063	1 1 1 1 1 1 1 1	Months Do	EAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED	August		96 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired)	F BUSINESS OR INDU	ISTRY 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZE	N OF WHAT COUNTRY
110000	home		ord Cou	nty Pa.	U.	S.
13. FATHER'S NAME		14. MOTHER'S				
John P. Morse			nna Cli	ngerman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give war or dates of service)		INFORMANT		Addre		
No No		Roy C. M	iller	Cumberlan	id, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a	i), (b), and (c).]				1	NTERVAL BETWEEN
	OCARDITI	S, WITH	CONGES	TIVE FALL	URE	2 WEEKS
4 de de la DUE TO						
Canditions, if any, which (b) AF	RTERIOSCL	FROSIS,	GENERA	LIZED		7
cause (a), stating the under-						
lying cause last. (c)		T NOT BELLTON TO	TAR TERMINAL PAR	1455 CONTRACTOR OF THE		Jan was autones
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GIVE	N IN PART IC	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	OW INJURY OCCURRE	ED (Enter nature of	injury in Part Lor	Port II of item 18)		YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW HOOK! OCCORNE	ED. (Ellier holore of	milary in rain rain	Torritor hem 10.7		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Hour a. m. p. m. 19 at work at		LACE OF INJURY (Hactory, street, affice		City ar tawn)	(Caur	nty) (State)
p. m. 19 at work at	wark					
21. I certify that I attended the deceased fro	m JUNE	19.57	to APRI	1958	that I last	saw the decease
olive on 4.2. 58 , 19						date stated above
			ADDRESS	(Street, city ar town, s	tate)	DATE SIGNE
SIGNATURE William V. Jeen	Rug	м.р. 441	L. CENT	RE ST		4.7.58
PHYSICIAN'S MI D LANGE MI						
PHYSICIAN'S W. P. LAMES, M. I	D.	CUMB	RLAND,	Мо		
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N REMOVAL (Specify)	NAME OF CEMETERY C	OR CREMATORY	22d. LO	CATION (City, town, or	county)	(State)
Burial 4/8/58 P1		rove		mberland		yland
23. FUNERAL DIRECTOR'S SIGNATURE AI	DDRESS		24a. REC'D BY REC		PAR'S SIGNA	TURE
Ruth E. Silcox Cumberl	and Mary	land	DATE APR 9	'58 Cle 4	-eau	h

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RECAL DESCRIPTION OF SERVICE AND ADDRESS OF THE PERSON OF

The state of the s

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new record execute the certificate, writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral for. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages—and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event/within 72 hours after death.

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VS. ATSME 5M 2/57

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FOR STATE		MEDICAL	EXAMINER'S	CERTIFIC
HEALTH DERT		4 188		

AA	RYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,		-
•	MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	-	0405
c	4188						Reg. Dist.	No.

		. 4	<u> 125</u>	2							Keg, I	DIST. NO	
1. PLACE C	OF DEATH		100)			2. USUAL RES	DENCE (Where decease	ed lived. If in	stitution: Resid	dence bef	ore admission)
o. COU	LLA	egany			MARYL	AND	o. STATE		Md.	b. COU	NTY A.	lleg	anv
b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give negretations)						v 1b	c. CITY OR	TOWN (I	f autside corp	orate limits, w			The second second
end g	KX.	ned 主法电Fro	stbu	irg			X	Kl	ondik	e			
d. NAMI	E OF HOSPI	TAL OR INSTITUTION	(If not in	hospital, gi	ve street oddress)		d. STREET A	DDRESS					e. IS RESIDENCE
Min	ers H	Mospital											YES NO
3. NAME (OF SED	Fi	rst		Middle		Last		4. DATE	M	onth	Doy	Year
(Type or		Mary			Ada	N	filler		DEATH	Ap	ril	8	19 58
5. SEX		6. COLOR OR RACE	7. MA	ARRIED 1	NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In year fast birthday)			IF UNDER 24 HRS.
fema	le	white	WIDO	WED [DIVORCED	3 Se	pt.18	-190	2		rs. Months	Days	Hours Min.
100. USUAI	L OCCUPATI	ON (Give kind of work	done 10	Ob. KIND OF	BUSINESS OR IN	NDUSTRY	11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CI	TIZEN O	WHAT COUNTRY
110	usewi	no life, even if retired)					C	arld	s, Md.			U.S.	Α.
13. FATHER	R'S NAME				talle of talents are talents	1	14. MOTHER'S	MAIDEN	NAME		- 1		
	Jame	s Winter								Densi	more		
	ECEASED EN	VER IN U. S. ARMED FO		16. SOCIAL	SECURITY NO.	17. INF	ORMANT			Addi			
lyes, no, as us	nknown)	(If yes, give war ar dates o		no			hew) W	n.Ya	tes,C				
18. CA	USE OF DEA	ATH [Enter only one co	use per	line for (a),	(b), ond (c). }							INTER	VAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY:		Cere	bral he	emor	rhage	(ar	oplex	(V)	abou		hrs.
33	BIX	IMMEDIATE CAUSE (
Cond	itions it	DUE TO											
	rise to imme	digte couse											
(0), 11	toting the	-											
		HER SIGNIFICANT CON		S CONTRIBU	TING TO DEATH	BUT NO	T RELATED TO	THE TERM	INIAI DISEASE	CONDITION	GIVEN IN DA	PT 1(=1 1)	D WAS AUTORSY
101	PARI II. OI	THER STOTAL TEATH COL	ADITION A	CONTRIBO	TINO TO DEATH	001140	I KELAILD TO	ITE TERM	IIIANE DISENSE	CONDITION	DIVER IN FA		PERFORMED?
2 20- 51	VTERNIAL CA	LIST WAS	OL DECC	CDIDE HOW	In think Occiles	CD 45 4							VES NO NO
E PRIMA	XTERNAL CA RY O or CO E OF DEATH	INTRIBUTING [Ub. DESC	CKIRE HOW	INJURY OCCURRI	tD. (tnl	er noture of in	ury in Po	rtior Part II	of item 18.)			
20c. TI	ME OF INJU	JRY Month, Doy, Ye	or 2	Od. INJURY	OCCURRED 20e	PLACE	OF INJURY (H	ome, fari	n, 20f. (City	or fown)	(Cr	ounty)	(Stote)
AED!	Hour o. m. p. m.	19			Not while	factory	r, street, office	bidg., etc	-)				
		hat I toak charg				abave	hald an	Auton	- l	spection [* 1000	(DK1	and in
					-				· lead	-		ry 🛧	promp
opini	ion death	resulted fram:	Natur	al causes	Accide	ent [, Suicide	1	Hamicide	, Unde	etermined	manne	er 🔲
ACTU	AI /	1/X		*	2/11								DATE SIGNED
	ATURE	1. P. PU 2	m	ener	111. W.		M.D.		XAMINER [
EXAM	AINER'S T	I II Daws	m 3.6	2					AL EXAMINE				
NAME	E (Type)	H.V.Demin		.D.				MEDICAL	EXAMINER 2	April	9-19	58	
270. BURIA	L CREMATIONAL (Specify	ON. 226. DATE THERE			ME OF CEMETER				27d. LOCAT	ION (City, tow	n, or county)		(Stote)
Bi	urial	4/11/	58		emorial	. Pa	rk		Fr	ostbu	eg,	N	id.
1000		R'S SIGNATURE			DDRESS			240. REC	D BY REGISTI		CISTRAR'S SI		
Ge	orge	Eichhorn		Lona	coning,	M	id.	DATE	APK I	4 '58 \	NOTICE A	Bue	

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VS A1S (4) 1SM 10/S7

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	e filed with	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4054 **CERTIFICATE OF DEATH**

04052

								wed. Di	JI. 140.	
1. PLACE OF DEATH 0. COUNTY AL	LEGANY		MARYLAN		MARYLA	here deceased AND	f lived. If instituti b. COUNTY		EGANY	
b. CITY OR TOWN (IF RURAL and give ne CUMBERLA	outside carporate limits prest town)	, write c. Ll	I DAY	1b c. CITY O	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					t town)
d. NAME OF HOSPITA OR INSTITUTION MEMORIA	AL (If not in hospital, giv AL HOSPITAL	e street oddre	ss)	d. STREET	ADDRESS	ACE ST	REET			IS RESIDENCE ON A FARM? ES NO X
3. NAME OF DECEASED (Type or print)	First	NES	Middle REGINA	MORELAND	ast	4. DATE OF DEATH	Mon	RIL	Day	Year
S. SEX FEMALE	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BI	TH		9. AGE (In years lost birthdoy) 70 yrs.	-		UNDER 24 HRS.
HOUSEW	N (Give kind of work doing life, even if retired) FE & Groc HOMAS GRIFF	ery	of Business or in	IA. MOTHER	PLACE (Stote	or foreign co		12. CIT	U.S.	WHAT COUNTRY?
15. WAS DECEASED EVER (Yes. no. or unknown) (1)	IN U. S. ARMED FORCE f yes, give wor or dates of serv			7. INFORMANT	HOSPI	TAL -	CUMBERLA		MARYL	AND
PART I. DEAT HH3 X Conditions, if an gove rise to im couse (a), stoting to lying couse lost.	mediate DUE TO	The	yours	this e	S	econ	funsa	tar	2 - 8-	AL BETWEEN AND DEATH SOSTES
PART II. OTHI	I CAUSE OF DEATH I		HOW INJURY OCCU					EN IN PART	P	WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While I	OCCURRED 20e. Not while	PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.	20f. (City	or town)	(0	County)	(Stote)
actual signature Physician's	OR. CLAY	, 19 5 8	and that dec	oth accurred a		A, fram		nd on th		the deceased stated above.
220. BURIAL, CREMATION REMOVAL (Specify) Burial	, 226. DATE THEREOF 4-8-58	- 22c.	NAME OF CEMETER		у		on (City, town, c			(Stote)
23. FUNERAL DIRECTOR'S James F.	~ ~ ~		berland,			9 '58		TRAR'S SIG	SNATURE	

A PER A PROPERTY OF DEATH SALTMORE, IS

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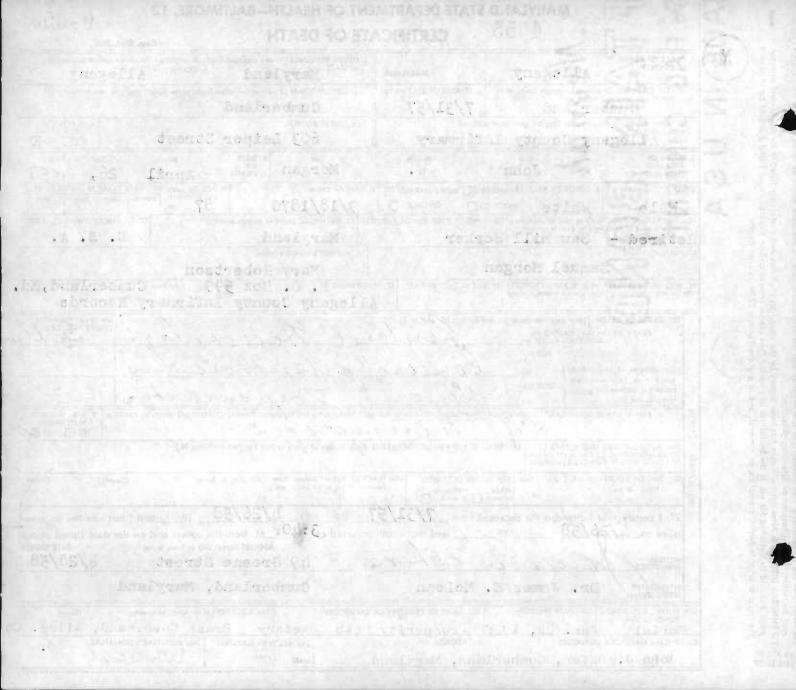
8391 9 A9A



DATE

John J. Hafer, Cumberland, Maryland

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AOKC MEDICAL EVAMINEDIS CEDTICICATE OF DEATH

04054

(Stote)

F. 90 MEDI	CAL EXAMINAER	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTYLLEGANY	MARYLAND	2. USUAL RESIDENCE (W	Vhere deceased lived. If institution b. COUNTY	SOMERSER
b. CITY OR TOWN (If outside corporate limits, write RUR, and give nearest 1COMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF NOT MEMORIAL HOSPITAL	in hospital, give street address)	d. STREET ADDRESS	Incohn Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First ETHE	Middle L C •	MURRAY	4. DATE Month OF DEATH APRIL	14 19 58
	MARRIED NEVER MARRIED 8	JULY 25 -/ 8	lend friethelend	FUNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE	106, KIND OF BUSINESS OR INDUST	MEYERSDAL	E. PA.	U.SA.
HARDING, HERBERT		SHULTZ, A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, er unknown) (If yes, give wor or doles of service)		MEMORIAL HO	SPITAL-MEMORTAL	. & WARWICK AVES.
18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b)	CORONARY S	CLEROSIS		ABOUT I YR
gove rise to immediate couse (a), stating the underlying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	V IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	1 or Part 11 of item 18.)	
20c. TIME OF INJURY Month, Doy. Yeor Hour o. m. p. m. 19		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (Slate)
21. I certify that Look charge of opinion death resulted from: Nati				Inquiry (**), and in my
ACTUAL SIGNATURE A V. R. EL	ning M.D.	M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S DR. H. V. DE	MING	ASSISTANT MEDICAL I		APRIL 15, 1958

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

240. REC'D BY REGISTIAN APR 2 2 '58

22d. LOCATION (City, Iown, or county)

246 REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: execute the cert ate, 4 should be for ded TO FUNERAL DIRECTOR: VS. A15ME 5M 2/57

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no convergence, writing the word "pending" in pending in Item, 18. Give Pages 1. 2, and 3 to the funeral force. Page 4 shauld be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. DENERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



DR.

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.



TATE	WEDI	CAL EXAMINER'S	CERTIFICATE OF	TIMORE, 18 DEATH Reg. Dis	. 04055
DEPT.	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Md	b. COUNTY	ce before odmission)
Rura	b. CITY OR TOWN (II outside corporate limits, write RURA ond give recrest fown) Cumberland Rt.		Rural - Cumber	orate limits, write RURAL and o	give nearest tawn)
00	d. NAME OF HOSPITAL OR INSTITUTION (If not Bowmans Addition		/ d. STREET ADDRESS Bowmans Addi		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Glep	Middle Foster	Nelson 4. DATE OF DEATH	Month April	Doy Year 18 19 58
	Male white win	MARRIED NEVER MARRIED 8.	March 18-1915	43 yrs. Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	Celanese Corp.	Petersburg, W		EN OF WHAT COUNTRY?
I	James E.Nelson			Turner	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no or unknown) LOS (If yes, give yor or dates of service)		iformant Sign sign Mongold 1	Address 59 Polk St., C	umberland, M
	18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		rhage (apoplexy	7)	INTERVAL BETWEEN ONSET AND DEATH SUdden
	Canditions, If any, which gave rise to immediate couse (a), stoting the underlying				
0	couse lost. (c)	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	PERFORMED?
	CAUSE OP DEATH.	SCRIBE HOW INJURY OCCURRED. (E.	nter noture of injury in Part I or Part II o	of item 18.)	YES NO GE
	Hour o. m.	20d. INJURY OCCURRED 20e. PLAC While Not white facto at work at wark	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	or lown) (Cauni	(State)
	21. I certify that I took charge of opinion death resulted from: Notu				
	ACTUAL SIGNATURE AVERAGE STATE	ng M.D	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
2	EXAMINER'S H.V.Deming N	7.b.	ASSISTANT MEDICAL EXAMINER P		958
	270. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/22/58	22c. NAME OF CEMETERY OR		ON (City, town, or county)	(Stote)
10	23. FUNERAL DIRECTOR'S SIGNATURE	Davis Memoria	Burial Pk Cumbo	erland, Maryla	nd



BUREAU V. S.

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VS A1S (4) 1SM 10/57

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mind bulyarcions	cate has been signed by	he burial-transit permit.	van ai ban lavomes so
מוסומונות לוות הווים	ertificate has been signed b	as the burial-tronsit permit.	van at han lavoured an and
יו כו מופותות לוות אוליים ויי	his certificate has been signed b	use as the burial-transit permit.	van ai han lavomer an anitome
ישומים מו מוופוומווא שולאירימוני	er this certificate has been signed b	I for use as the burial-tronsit permit.	cremotion or removal and in any
מוליים מו מושות הוא מוליים מוליים	t: After this certificate has been signed b	foched for use as the burial-transit permit.	busing cramotion or removal and in any
and the second of the second o	R: After this certificate has been signed b	e Jetoched for use as the burial-tronsit permit.	or to having cremotion or camoval and in any
Signature of criedinal principles	DIRE After this certificate has been signed b	id be Jetoched for use as the burial-transit permit.	prior to busing cramption or campount and in any
and the second s	NERAL DIRE. R: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct	3 should be Jeioched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed w	anietres prior to huring greenous and in any event within 70 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04056 4189 CERTIFICATE OF DEATH

		00						Keg. Dis	ST. NO.	
1. PLACE OF DEATH G. COUNTILE	gany		MARY		USUAL RESIDENCE (d. STATE Maryls		ed lived. If institu		ce before od	fmission)
RURAL and give	(If outside corporate liminates town)	ts, write	LENGTH OF STAY	IN 1b	c. CITY OR TOWN		orate limits, write	RURAL and	give nearest	town)
OR INSTITUTION	PITAL (If not in haspital, on hers Hospi	0.00	ldress)		d. STREET ADDRESS				0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	ISABELLE		Middle R-		lost NOET.	4. DATE OF DEATH		anth 7/1958	Day	Year 19
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 8. D.	ATE OF BIRTH		9. AGE (In year	IF UNDER		INDER 24 HRS.
Female	White	WIDOWED		_	/5/1883		75 yr		Days Ho	ours Min.
during most of we	ION (Give kind of work orking life, even if retired	done 10b. KI	IND OF BUSINESS O	R INDUSTRY			country)	12. CIT	IZEN OF W	HAT COUNTRY?
13. FATHER'S NAME	ONE			11.	Rarte MOTHER'S MAIDE	Contract of the last of the la	•	U,	S.A.	
	ge Reid				Agnes		ייי			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	. 17. INFO		Gett 110		ddress		
(Yes, no, or unknown)	(If yes, give war or dates of t	ervice)		MRS	CARL	EWALD.	Mt. S	AVAGE	. MD.	
Conditions, if gave rise to couse (o), stotin lying couse los	g the <u>under-</u>	a	torox	Patero	f Infa	ret C	ndia	Sucy	010	Days
CATIC	THER SIGNIFICANT CON							SIVEN IN PAR	PE	AS AUTOPSY ERFORMED?
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCR	IBE HOW INJURY OF	CCURRED. (E	nter nature of injury	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour o. m p. m	. 10	or 20d. INJ While of work [Nat while	20e. PLACE factory,	OF INJURY (Home, fo street, affice bldg.,	arm, 20f. (Cit etc.)	y or town)	(0	County)	(State)
21. I certify	that I attended the	deceased	fram Op	il 1	, 19.58, to	apris	17, 195	8.,that I	lost saw t	the deceased
alive on_Q	pril 17	195	and that	death oc	curred at	/	m the causes		he date s	toted above
ACTUAL SIGNATURE	to lu	5	, Dave	M.D.		2 5	RO	4du	AX	,
PHYSICIAN'S NAME (Type)	John	B.	DAVIS	MD	F	Ro.	5/6	189	11	nd.
220. BURIAL, CREMATI REMOVAL (Specif Buria		1958	22c. NAME OF CEME Memoria		ematory K		Stburg		((Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	١٠٠٠	ADDRESS		24o. R	EC'D BY REGIS		GISTRAR'S SIC	SNATURE	
GRORGE	E TCHHORN	. TON	ACON ING.	MD.				10/	1	

AND STATE DEPARTMENT OF HEALTH -BASTINGRE.

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R: This ce	the word	Chief Me	should !	to burial	
XAMINE	writing	d to the	t: Poge 3	nt. prior	
DICAL E	ert /20:e.	dec	NECTO!	nted oger	
PUTY ME	cute the certificate, writing the word "pending" in pencit in Item, 18. Give Pages 1, 2, and 3 to the funeral for. Page	ould be i	NERAL D	Is designated ogent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
63.5	0	100	-	-	

VS. A15ME

5M 2/57

DEPT.

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PLACE OF E o. COUNTY b. CITY OR

d. NAME O

3. NAME OF DECEASED (Type or pri 5. SEX female 10o. USUAL O during reast 13. FATHER'S

15. WAS DECE IVes, no. or unkno no 18. CAUSE PAI

> Conditio gove rise (a), statis cause los

> > Hour o. m.

CERTIFICATION

Allegany	MARYLAND	2. USUAL RESIDENCE (V	Where decear Md .	b. COUNT		Legany	sion)
OWN (If outside corporate limits, write RURAL more lown) mberland	35yrs.	c. CITY OR TOWN (H		porote limits, write	RURAL and	give nearest tow	rn)
HOSPITAL OR INSTITUTION (If not in ho Waverly Terrace		437 Wave	rly T	errace			SIDENCE A FARMS NO
Nina Nina	Pearl	Parsons	4. DATE OF DEATH	Apr			58
6. COLOR OR RACE 7. MARRI		Oct 1-1896		9. AGE In years lost birthday 61 yrs.	Months D	YEAR IF UNDE	R 24 HRS. Min.
CUPATION (Give kind of work done 10b.	Own Home	RY 11. BIRTHPLACE (Stote Crabott				S.A.	OUNTRY?
mlla Winer		14. MOTHER'S MAIDEN I Susan	Paln	ner			
(If yes, give wor or dates of service)		usband)Emi	l Par	Address Sons, Cu	mber	land, Mo	1
OF DEATH [Enter only one couse per line T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		lure				interval setwer onser and dea Gradus	al
DUE TO Ch	ronic myocar	ditis				about	7 yrs
the underlying DUE TO (c)							
T II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19. WAS A PERFOI	

20a. EXTER CAUSE OF 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

Not while

of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , Inquiry and in my

(County)

(State)

(State)

opinion death resulted from: Natural causes [*], Accident [], Suicide , Homicide , Undetermined manner

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER puring SIGNATURE

ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) H.V. Deming M.D. DEPUTY MEDICAL EXAMINER * April 11-1958

22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cumberland, Md.

246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR James F. Scarpelli Cumberland, Md. DATE

ATATO NO JUST LA

2 .V UARRUR 2361 PT 864

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4 ~ 58 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04058

		1 00							Reg. Dis	t. No.
	CE OF DEATH	Allegany		MARYLAI	- 11	e. USUAL RESIDENCE (W		ed lived. If institut b. COUNTY	Alle	ce before odmission)
Ь. С	Cumbe	outside corporate limits, write rland	RURAL	c. LENGTH OF STAY IN 22 yrs	Ъ	c. CITY OR TOWN (IF			RURAL and (give nearest town)
d. 1		dependenc		itol, give street address)		d. STREET ADDRESS / 420 I	ndepe	ndence	St.	e. IS RESIDENCE ON A FARMS YES NO
PAR/	ME OF CEASED pe or print) Aug	usta XXXX	a.	May May	P	axton	4. DATE OF DEATH	Apri	1	9 19 58
5. SEX	emale	6. COLOR OR RACE White	7. MARRIEI	NEVER MARRIED DIVORCED		c.3- 1893		Inst kinthdayt	IF UNDER 19 Months D	YEAR IF UNDER 24 HRS. Trys Hours Min.
gnii	SUAL OCCUPATION TO MOST OF WORKING USEWITE	DN (Give kind of work d g life, even if retired)		ND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote Hartfor				S.A.
13. FA	THER'S NAME			WILL TROMO	14	. MOTHER'S MAIDEN N				
	Julius	Hallier				Alice	Nues			
		R IN U. S. ARMED FOR (If yes, give wor ar dates of a	ervice)			ughter)Al	ice W	Addrendertz, Cu	mber	Land, Md.
4	onditions, if on ove rise to immed b), stating the wouse lost.	inderlying DUE TO		Coronary Arteriosc	ler	osis with				NTERVAL BETWEEN STIDLEN STIDLEN SEVERAL years.
CERTIFICATION		-		NTRIBUTING TO DEATH BU					N IN PART I	1(0) 19. WAS AUTOPSY PERFORMED? YES NO W
- 1	IN EXTERNAL CAU	ITRIBUTING []		HOW INJURY OCCURRED						
MEDIC	Hour o. m. p. m.	19	While of wor	k ot work	factory.	OF INJURY (Home, form, street, office bldg., etc.)		or lown)	(Count	ly) (Stote)
				emains described a auses 📑 Acciden	_		/ [], In Hamicide	spectian 渊, □, Undeter	Inquiry mined mo	
	CTUAL GNATURE	1.V. Dern	ma	M.A.	N	L.D. CHIEF MEDICAL EX				DATE SIGNED
E. N	XAMINER'S H	.V.Deming	M.D	•		ASSISTANT MEDICAL E			9-19	58
R	URIAL, CREMATION EMOVAL (Specify) Irial	N, 22b. DATE THEREOF 4/12/58		onset Memor		1.2	-	rland, M		(Stote)
23. FU	NERAL DIRECTOR'S	SSIGNATURE		ADDRESS			DO 1 4	Ou.	RAR'S SIGN	1

VS. A15ME 5M 2/57

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		LACE OF DEATH	4059 MI	У	MARYLAND	2. USUAL RESIDENCE (W	/here deceased lived. If in	stitution: Residence	te before odmiss	
209	Ь	and give nearest low	f eutside corporete limits, wri	te RURAL C.	LENGTH OF STAY IN 16 4 months		outside corporote limits, w	rile RURAL and g	give nearest,tow	n)
D.0	A		or institution		, give street oddress)	d. STREET ADDRESS / 1 10 N	.Ceder St.			FARM?
	-	IAME OF DECEASED Type or print)	Mitche	rsi 11	Middle T .	Payne	O.E.	pril	28 19	58
	5. S	nale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH Dec.161957	9. AGE (In year lost birthday) O y	the deaths D	YEAR IF UNDE	R 24 HRS. Min.
	10a.	USUAL OCCUPATION OF WORK	ng life, even if retired)	done 10b. KIND	OF BUSINESS OR INDU	Cumberla Cumberla			S.A.	OUNTRY?
	13.	Riley	Payne			14. MOTHER'S MAIDEN N	garet C.Pr	iddey		
		WAS DECEASED EV no, of unknown) NO	/ER IN U. S. ARMED FC			informant other)Marga	ret C.Payn		erland	,Md.
			TH [Enter only one control on the co						INTERVAL BETWEE	en
V		921.0 Conditions, if	DUE TO		nary edema	and			?	
		gove rise to imme (o), stoting the couse lost.		Laryng	gospasum				sudde	n
2	CERTIFICATION			Paradoli de Carlos de Carl		NOT RELATED TO THE TERMI			PERFOR	NO [
		20g. EXTERNAL CA PRIMARY (1) or CC CAUSE OF DEATH	USE WAS	Presume	e baby rol	tenter nature of injury in Port Led over on	abdomen, t	hen as	pirati	on o
01	MEDICAL	Hour a.m.	\$10 - M	8 While	Not while at work In	ACE OF INJURY (Home, farm stary, street, office bldg., etc. a home	Cumberla	nd All		(State) Md.
aboi						ove, held on Autops				in my
abor									DATE SI	GNED
		ACTUAL	4 ViDa	ment	M. D.	CHIEF MEDICAL EX	AMINER			
abou		SIGNATURE	.V.Deming	M.DV	14. D.	ASSISTANT MEDIC	AL EXAMINER	.1 28-1	958	
	220	EXAMINER'S H	.V.Deming N. 226. DATE THERE 4-30-5	OF 22c	M. Name of CEMETERY O	ASSISTANT MEDICAL		vn, or county)	958 (State))

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TO FUNERAL DIRE

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				CEKTIFIC	AIE OF DEAL	П		Reg. Dis	t. No.		ALL E
1. PLACE OF o. COUNTY ALLE	1			MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYLAND	Vhere deceased	l lived. If institution b. COUNTY			re admiss	112
	TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		rote limits, write R	URAL ond g	ive nec	rest town	n)
CUMBER				29	KITZMILLE	3		1		- 24	
OR INST	ITUTION	L (If not in hospital, g	ive street	address)	d. STREET ADDRESS					ON A	SIDENCE A FARM? NO 2
3. NAME OF DECEASED	19	Fir	st	Middle	Last	4. DATE OF	Mon	th	Da	у	Year
(Type or pr	rint)	NEI	LIE	PEARL	PERANDO	DEATH	APRI	L_ :	21		19 58
5. SEX		6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIED	8. DATE OF BIRTH	The second	9. AGE (In years lost birthday)	Months			
FEMA	ALE	WHITE	WIDOWI	ED DIVORCED	APRIL 21		62 yrs.	Monns	Days	Hours	Min.
100. USUAL C	CCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign co	iuntry)	12. CITI	ZEN O	F WHAT	COUNTRY
House	Wife	g life, even if retired	Ow	n Home	MARYL	AND		U.	S.	OF .	AMERIC
13. FATHER'S	NAME				14. MOTHER'S MAIDEN						
		GEO	RGE	LOUGHRY	IDA	MAY WR	IGHT				
15. WAS DEC		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ess	110		- 47 7
no					MEMORIAL HOSP	ITAL	CUMBERL	AND, I	MD.		
18. CAU	SE OF DEAT	H [Enter only one co	use per li	ne for (o), (b), and (c).]		CHECK TO			INTE	ERVAL BE	ETWEEN
P/	ART I. DEAT	H WAS CAUSED BY:	, 2	robable coro	nary				ONS	SET AND	DEATH
25	2.0	DUE TO			CV			ELLA			
Conditi	ions, if any	y, which)	,								
gave r	ise to im	mediate (4						
), stating th	e under-		econdary to	hy pertily roud	- 2	out ones	ature			
NO OR CON'	ART II. OTHE	R SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEATH BU	T HOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	1(0) 1	PERFC	AUTOPSY ORMED?
	RIBUTING (UNDERLYING CAUSE OF DEATH REDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part	II of item 18.)				
	OF INJURY or a. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e. F	LACE OF INJURY (Home, far actory, street, office bldg., e	rm, 20f. (City	or town)	(C	(aunty)		(State)
21. I co	ertify the	t I attended the	deceas	ed from Mar 2	3 , 1958, 10 a	pril 2	1 1953	that I le	ast sc	w the	deceased
	n an			57 , and that deat		//					
	11			10			reet, city or town,				ATE SIGNED
ACTUAL	RE_A	avid H	m	llu	M.D. 22	warl	witer	FX.			
PHYSICIA NAME (T	N'S	DR. DAVID	MILL	ER	Cas	bula	red M	d.			
	CREMATION L (Specify)	22b. DATE THEREO	58	Plersa 4	la- Cey	224. LOCAT	TOTA	ella	10	W (State	ich (
23. FUNERAL	DIRECTOR'S	SIGNATURE		ADDRESS		PR 2 8 5	RAR 26 REGIS	TRAR'S SIG	NATUR	RE	

BUREAU V. S.

3361 88 **8d∀**

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death. Page 4

TO HOSPITAL OR

VS A15 (4) 1SM 10/57

	1		
	ate hos been signed by the attending physicion and completely filled in by the funeral director,	burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with	
	in by	and 2	
	ely filled	Poges 1	
	complete	popers.	oth.
	hysicion and	nave corbon	removal, and in any event within 72 hours after death.
	attending p	n pleose ren	within 72 h
	y the	The	event
п.	signed by	it permit.	d in any
and priyateron	nos been	ial-trons	noval, on
Sing	ote	por a	ren

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4961 **CERTIFICATE OF DEATH** Rea. Dist. No.

04061

1. PLACE OF DEATH o. COUNTY	egany		MARYLAND	2. US	UAL RESIDENCE (W		d lived. If instituti b. COUNTY	ion: Residen	nce before ad	mission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (IF	f outside corpo	prote limits, write R	URAL ond	give nearest 1	own)
Cumberla			9 days	Wiley Ford, W. Va. 85 x 3						
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital,	give street (d.	STREET ADDRESS			RESIDENCE		
	red Heart	Hospi	tal							N A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mor	ith	Day	Year
(Type or print)	Gra	nvill	e Roscoe		Poland	DEATH	4/1	4		1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years		1 YEAR IF U	NDER 24 HRS.
Male	White	WIDOWE	D DIVORCED	11/	2/88		70 500 yrs.	Months	Days Hou	ors Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11	. BIRTHPLACE (Stot	te or foreign c	owntoxk == 0	12. CIT	IZEN OF WE	AT COUNTRY
	ing life, even if refired Fireman		Railroad		2.2 22		nty			
13. FATHER'S NAME	FILEMAN		nalli bau	14 4	W. Va.		illoy		U.S.A	•
							T			
Gerald P		CES2 14	SOCIAL SECURITY NO. 112	INFORM		rriet	t Lewis			
	(If yes, give war or dates of s		SOCIAL SECURITY NO. 17.	IN ORM			Add	ress		
no					Pt's cha	art				
Conditions, if or gove rise to it couse (a), storing lying couse lost. PART II. OTHER CONTRIBUTING	the under-	DITIONS	ONTRIBUTING TO DEATH BO	26	Lite	we		ZEN IN PAR	PEI	AS AUTOPSY PRORMED? NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. IN While of work	Nat while fo	ACE OF	INJURY (Home, foreet, affice bldg., et	rm, 20f. (City	or tawn)	((County)	(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIANS NAME (1996)	at attended the	decease , 19	D, and that death	M.D.	19.50, to_ red at/2:300	A. M. fran				ne decease ated abave DATE SIGNE
220. BURIAL, CREMATIO REMOYAL (Specify) BUTIAL 23. FUNERAL DIRECTOR	4-16-5 S SIGNATURE	8	22c. NAME OF CEMETERY C Baptist C	eme	tery 24a. REC	Thr	RAR 24b. REGIS	ches	, W.	Va.
James	r. Scarp	еттт	,Cumberland	, IVIC	DATE !	APR 1 7	58 10	Les	ich	

CERTIFICATE OF BEATH

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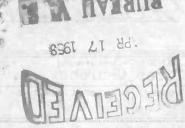
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O STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

O THE STATE OF DEATH

CERTIFICATE OF DEATH

04062

					Kad. Dist. 14	U.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased li	ved. If institution		
b. CITY OR TOWN (If author carporate limits, write c. LEN	MAKTLAND	Md.			Allega	ny
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	IGTH OF STAY IN 16	c. CITY OR TOWN (If au	itside carporat	e limits, write RL	JRAL and give n	earest town)
	3 wks.	X Zihlman	R. D.	No 2,	Frostb	ourg
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Miner's Hospital						YES NO
3. NAME OF DECEASED First (Type or print) Benjamin Fran	Middle	Last	4. DATE OF DEATH	Mont		Oay Year
5. SEX 8. COLOR OR RACE 7. MARRIED	klin	Porter B. DATE OF BIRTH				1958 AR IF UNDER 24 HRS.
	DIVORCED [last birthdoy)	Months Doys	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND O		9-T0-T878	a fassina saus	17 grs.	12 CITIZENI	OF WHAT COUNTRY
during most at warking lite, even if retired)	r BOSINESS OK INDOS	III. BIKITIPLACE (SIGIE O	or toreign coun	iry)	IZ. CITIZEN	OF WHAT COUNTRY?
Retired Coal Miner		Zihlman			U. S	5. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			THE STATE OF	
George Porter		Emma Bur	ton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give war or dates of service)	SECURITY NO. 17. IP	FORMANT R. D.	No.2 I	Box Total	" Frost	tburg, Md.
Commence of the commence of th	09-647T W	rs Raymond				
18. CAUSE OF DEATH [Enter only one cause per line for (a			*****		IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ah1515	0 E /111	ICR		ON	SET AND DEATH
581,1 DUE TO						year
Conditions, if any, which)						
gave rise to immediate						
cause (a), stating the under. DUE TO						
lying couse lost. (c)	NITHIO TO DEATH AND					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE C	ONDITION GIVE	EN IN PART 1(a)	PERFORMED?
3 ARTERIOSE HIMA	110 /10	and de	SEAS	7.		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED). (Enter nature of injury in Po	art I or Part II	of item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	CCURRED 20e. PLA	CE OF INJURY (Hame, form,	20f. (City or	fown	(County	r) (State)
Hour o. m. While No	ot while fac	tary, street, affice bldg., etc.)		,	(County	(5.0.0)
p. m. 19 at wark at	work	1 2	1100	/		
21. I certify that I attended the deceased fram	m_///are	1958, to 12	//4/	1950	,that (last :	saw the deceased
olive on APNIL 29, 1958	, and that deoth	occurred of 2A	M, from 1	he causes a	nd on the de	ote stated abave
0000)			t, city or town, s		DATE SIGNED
SIGNATURE FAN CHEE	und,	M.D /34/	E	1/1	9/10	5/1/58
PHYSICIAN'S JOHN GA	WPRS	F	1057	60,	116	tid
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OF	CREMATORY	22d. LOCATIO	N (City, town, o	county)	(State)
REMOVAL (Specify)					,,	(Sidie)
23. FUNERAL DIRECTOR'S SIGNATURE TIPE OF THE AL	rter Ceme		Eckhai By REGISTRA		TRAR'S SIGNATI	Md.
O 1/ 1/21 -ff nater rune	Portal Home	MA			1	1
W. FOR MICARALLE FIRE	nathanna M.	C DATE IVIA	11 3 30		a pariet	A.

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	Company of the state of the sta	
	144 years of hill Take to property	
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The state of the s		

funeral director, uld be filed with deoth. Page R. After this certificate has been signed by the attending physician and completely filled in by the fundation the haspital and completely filled in by the foundation are as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the companion, or remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of page 3 shauld be detached for use as the burial-transit permit. the registrar priar to burial, cremation, or remaval, and in shift

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4062 CERTIFICATE OF DEATH 04063

7 00				Keg. Dis	T. 140.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE WEST VIRGINI	, b.	If institution: Residence COUNTY MINER	
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OR TOGELEY, W		ts, write RURAL and g	ive nearest town) \vee \times - 3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSP		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECRASED (Type or print) FLOYD	Middle	Lost POWELL	4. DATE OF DEATH	Month APRIL	Day Year 25 19 58
5. SEX MALE 6. COLOR OR RACE 7. MARR WIDOW	NED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 81RTH 7-28-1889	9. AGE	(In years IF UNDER	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) BOILER ROOM AL	KIND OF BUSINESS OR INDU		or foreign country) T VIRGINIA		ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
WALTER POWELL		MARY ALEND	ER		
(Yes, no, or unknown) (If yes, give war or dates of service)		informant Po	well Rt	Address 1 Ridgele	y, W. Va.
Conditions, if ony, which gave rise to immediate case (a), stating the underlying cause last. DUE TO (b) A 7 - (c)	rebra vascul	76.50			l week
PART II. OTHER SIGNIFICANT CONDITIONS (20g. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRI				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	LACE OF INJURY (Home, farm actory, street, affice bldg., etc.	20f. (City or town	n) (C	ounty) (State)
21. I certify that I attended the deceas alive an 4-25, 19. ACTUAL SIGNATURE PHYSICIAN'S DR. R. BALLIN	58, and that death		PM, from the capacity street, city St.	causes and an th	ast saw the deceased te date stated above DATE SIGNED 4-26-58
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 4=28=1958	22c. NAME OF CEMETERY C		Neals	ty, town, or county)	
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumb	ADDRESS erland.Md.		D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE

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Item 9 FilmG227 4-14-58 CERTIFICATE OF DEATH 4063 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY a. STATE b. COUNTY MARYLAND ALLEGANY WEST VIRGINIA HAMPSHIRE ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e RURAL and give negrest town) should CUMBERLAND DAYS ROMNEY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 456 GRAVEL LANE 67 HOSPITAL YES NO C NAME OF First Middle 4. DATE Last Month Year DECEASED PEARL H. PUF APRIL (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last bythday) Months Dovs AUGUST FEMALE WHITE WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) THREE CHURCHES. W. VA. U.S.A. puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician JAMES THOMPSON ELIZABETH PARKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CUMBERLAND, MD. ottending 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate per DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INTURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o m While Not while at work ot work 21. I certify that I attended the deceased fram [1] that I last saw the deceased and that death accurred at 11:50PM, from the causes and an the date stated above. ach alive an ADDRESS (Street, city or ACTUAL SIGNATURE ā P PHYSICIAN'S DR. W.F. WILLIAMS NAME (Type FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATEADR 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. S.

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TO HOSPITAL OR TO FUNERAL DIR page 3 shauld b

VS A1S (4) 1SM 10/57

CERTIFICATE OF DEATH

04065

Reg. Dist. No.

1	1. PLACE OF DEATH 0. COUNTY CLLCarry	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution: Reside b. COUNTY	nce before admission)					
1	b. CITY OR TOWN (If outside parporate limits, RURAL and give nearest toyo)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If on sic	de corporate limits, write (URAL and	give nearest 10wn)					
)	d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	101	d. STREET ADDRESS Willowt	Proof Rd.	e. IS RESIDENCE ON A FARM? YES NO TO					
	3. NAME OF DECEASED (Type or print)	Calvin		DATE Month OF DEATH	Day Yeor 2 19.58					
)	male white	7- MARRIED NEVER MARRIED NIVORCED DIVORCED	B. DATE OF BOTH Sept 12, 1870	9. AGE (In reors IF UNDER lost bir(I)doy) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work do Juging most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY IV. BIRTHPLACE (State or for	preign country) 12. CI	U. S					
	13. FATHER'S MAME	rger	Mary Lo	uise Pay	ne					
	15. WAS DECEASED EVER IN U. ARMED FORCE (Yes, no, or unknown) (If yes, dww wor or dates of sarv	rice	Jona Rand	all - Eliust	Cumberlan					
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (0), (b), and (c).] Charite Sha	at Frailure		INTERVAL BETWEEN ONSET AND DEATH IS LAWS					
	Conditions, if ony, which (b)_	Conditions, if ony, which (b) artemoscleration Cardro-Vascorlan Diouse 3 years								
	couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)									
)	2	TIONS CONTRIBUTING TO DEATH BUT			PERFORMED? YES NO PERFORMED					
		06. DESCRIBE HOW INJURY OCCURRE								
	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d. INJURY OCCURRED While Not while of work Of work	ACE OF INJURY (Hame, form, 2) ctory, street, affice bldg., etc.)	Df. (City or town) ((County) (State)					
	21. I certify that I attended the a	eceased from 20 for , 19 5 8 , and that death	occurred at 5 PM	aganil, 1958, that I	last saw the deceased					
	ACTUAL SIGNATURE James & A	140		RESS (Street, city or town, state)	entural front.					
	PHYSICIAN'S James G. St	egmaier M.D.	122 So. Centr	e St. Cumberlan	ad, Maryland					
	220. BURIAL, CREMATION, REMOVAL (SMITT) Cremation 4/4/5	8 Cedar Hill Cr	R CREMATORY 22d	Washington	n Stote) O.					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 7 A AP	REGISTRAR 246. PEOS RAR'S SI	GNATURE					

ANY ANY MATERIAL STATE STATE OF HEAVITH - BATTIMORE TO



VS A1S (4) 1SM 9/S5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4065

CERTIFICATE OF DEATH

Reg. Dist. No

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U	_	6.	-	

1=							110	g. D	
1	O. COUNTY ALLEGAN	Υ		MARYLAND	2. USUAL RESIDENCE O. STATE MARYLAND	E (Where deceased	b. COUNTY LL	esidence befor EGANY	re admission)
	b. CITY OR TOWN (f autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carpore	ote limits, write RURAL	and give nea	rest town)
	CUMBERLAND	earest town)		13 DAYS	CUMBERLAN	ND 02			
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)	d. STREET ADDRE	SS /			e. IS RESIDENCE
N	EMORIAL HO				801 MEMORI	AL AVE			ON A FARM?
3	NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Month	Do	у Үеаг
	(Type or print)	FRA	NCES	PEARL	REITER	OF DEATH	APRIL	26	19 58
5	. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9			IF UNDER 24 HRS.
	FEMALE	WHITE	WIDOWE	ED DIVORCED	MARCH 9,	1891	last birthday) Ma	nths Doys	Haurs Min.
	during most of work etile a. FATHER'S NAME	DN (Give kind of work king life, even if retired	1 0	kind of Business or incahool Temb	USTRY 11. BIRTHPLACE (PENNS 14. MOTHER'S MAIL	YLVANIA.	loysburo	2. CITIZEN O	WHAT COUNTRY
	NAT	HANIEL REPL	OGLE		ALICE	MARKEY			
	S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	Na	In yes, give wor or data or s		15-36-85 M	MORIAL HOSP	ITAL	CUMBEI	RLAND.	MD.
)	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate	, Co	of for (o), (b), and (c).] Attento	males	is a	Homis		REVAL BETWEEN ET AND DEATH
	lying couse lost.) (c	10	islara					56
	PART II. OTI	Eumat CON	-43	CONTRIBUTING TO DEATH BY	JT NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVEN II	N PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature of inju	ry in Port I ar Port I	II of item 18.)		
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. It While of war	Nat while	PLACE OF INJURY (Home, foctory, street, affice bldg	form, 20f. (City o	or town)	(County)	(Stote)
	21. I certify the alive an	DR. WILLIA	195	and that dea	Ze, 1957, to th occurred at 4: Zm.D. Zissess	50P M, from ADDRESS (Street	the causes and bet, city or town, state	an the dat	the deceased the stated above DATE SIGNED
	20. BURIAL, CREMATIC REMOVAL (Specify)	Anv. 29	1918	22c. NAME OF CEMETERY Sunset M ADDRESS	em. Park	E Cum	ON (City, town, or con	1- 1	(State)
_	John C	- Tlay	w,	Cumbulor	I, End DATI	MAV 4 1	58 aug	SIGNATUR	0
	REMOVAL (Specify)	Anv. 29	1958 Lev.	1	en: Park	REC'D BY REGISTR	beola AR 246 REGI	No	ISTRAR'S SIGNATUR

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Reg. Dist. No. 04067

	a. COUNTY	llegany		MARYLAND	2. USUAI a. STA	RESIDENCE (WITE Mary)		lived. If instituti b. COUNTY	177	e before odr	
		If autside carporale limi earest tawn)	•	TH OF STAY IN 16	c. CIT	OR TOWN (IF		ate limits, write R		0 0	
	d. NAME OF HOSPIT	ral (If not in hospital, g	jive street address)	recime	1	EET ADDRESS	k Str			10	RESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Carl		Middle e Reusc	hel	Lasi	4. DATE OF DEATH	Mar	bril	Day 8	Year 19 58
	s. sex Male	6. COLOR OR RACE	7. MARRIED N		B. DATE OF	30,190		P. AGE (In years Last birthday) 56 yrs.		YEAR IF UN	DER 24 HRS.
	10a. USUAL OCCUPATIO		done 10b. KIND OF	BUSINESS OR IND					12. CITI	ZEN OF WH	AT COUNTRY?
-	Retired 13. FATHER'S NAME	Carman	Rail	road		umber La		ld.	U	ISA	
		rge Reus				Louise	e Moc	t			A all
	15. WAS DECEASED EVE 1Yes, no. or unknown) NO	R IN U. S. ARMED FOR: (If yes, give wor or dates of se	ervice)	12-0870	Mrs.		a Murr	hy Cum		nd Mo	
	PART I. DEA 4420 . / Canditions, if a gave rise ta i cause (a), staling lying cause last.	the <u>under-</u>	Corona	ong Th	my (l	Preter /	La.	d 2 ti S	e_	Olser Ar	L2
3	PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BU	IT NOT RELAT	ED TO THE TERMI	INAL DISEASE	CONDITION GIV	'EN IN PART	PER	S AUTOPSY FORMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURR	ED. (Enter no	ture of injury in I	Part I ar Part	lt of item 18.)			
	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yeo	While Not	CURRED 20e. F while ork	PLACE OF INJ octory, street,	URY (Home, form office bldg., etc.	1, 20f. (City (or tawn)	(Co	ounty)	(State)
/	21. I certify the alive on	at attended the	deceased fram , 19 William	and that deat	EMD. 12		Address (Sire	the causes o	and an the stote)		e deceased abave. DATE SIGNED
2	Page BURIAL, CREMATIO REMOVAL (Specify) Burial	Apr. 11,	h	ME OF CEMETERY		"	_	ON (City, town, o			tate)
2	James F.	s signature Scarpel	ADD	RESS			D BY REGISTR	16 200	FRAR'S SIGN	NATURE	

deoth: Page & may be retained to the haspital or attending physician.

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R: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. A DANA MARKET OF LANGE AND TO HOSPITAL OR

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		40	91	CERT	TIFICA	TE OF	DEATH	1		Reg. Dist. N	04068
1.	PLACE OF DEATH a. COUNTY	Allegany		MA	RYLAND	2. USUAL RESI	Mary		ived. If institution b. COUNTY	4 7 7	efore admission)
	b. CITY OR TOWN (If a	outside carparale limi	its, write	c. LENGTH OF STA		c. CITY OR	-		e limits, write R		
-	d. NAME OF HOSPITAL		zive street	12 day:	S	d. STREET		tburg			e. IS RESIDENCE
	OR INSTITUTION	s Hospit				1		Center	r Stree	et	ON A FARMS
3.	NAME OF DECEASED	Fir		Midd		lo		4. DATE OF	Mon	th	Day Year
L	(Type or print)		llia	77		Richar	dson	DEATH	Apri	1 2	5th, 19 58
5.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MAR		. DATE OF BIRT	-		AGE (In years lost buthday)		AR IF UNDER 24 HRS.
	Female	White	WIDOW			Sept.1			70 yrs.	Months Day	s Hours Min.
10	during most of working	(Give kind of work of life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	RY 11. BIRTHP	LACE (State o	or foreign coun	ntry)	12. CITIZEN	OF WHAT COUNTRY
L	during most of working Houses	wife	H	ouseworl	ζ.	Ma	rylar	nd		USA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	378599		
L	Charles	s W. Fol	k			Eli	zabet	th Eis	el		
	WAS DECEASED EVER I	N U. S. ARMED FOR	acricas	SOCIAL SECURITY N		FORMANT			Addr		
Ĺ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	13-09-64	98B	Earl	Rich	ardsor	n, Fros	stburg	, Md.
	18. CAUSE OF DEATH	WAS CAUSED BY:)	acute	c).]	erito	nite	s'		0	NSET AND PEACH
	Conditions, if ony, which gove rise to immediate (b) In career ated fermina (R+1) 2 1/2 wks										
	couse (o), stating the under- DUE TO Parforation Small Conver Cileum) 3-4 days										
CERTIFICATION	4	49.	DITIONS C	CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPS! PERFORMED? YES NO-P
L CERTIF	20a, ACCIDENT WAS OR CONTRIBUTING P (IF EITHER, NOTIFY MI	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	-	(Enter noture o	of injury in Po	ort I or Port II	of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While of work	Not while of work		CE OF INJURY (ory, street, affic			town)	(Count	y) (Stote)
	21. I certify that	I attended the			-10	1958	, to _	1-25	1958	that I last	saw the decease
	alive an	- 23	195	, and the	at death	accurred at	4,50	M, fram 1	he causes a	nd an the d	late stated above
	ACTUAL SIGNATURE	E.de	iel	el	N	0. 39	Wil	MALA	t, city or town,	state)	4/25/S
	PHYSICIAN'S NAME (Type)	4.0.1	21	etil,	MID	, 7n	ost	Eu.	ig,	md.	
220	BURIAL CREMATION, REMOVAL (Specify) BULLAL	1226. DATE THEREO		F bg . Me		crematory al Par		22d. LOCATIO Fros	thurg	r county)	(State) Md.
23.	FUNERAL DIRECTOR'S			ADDRESS				BY REGISTRA	7	TRAR'S SIGNAT	
	Joseph R.	Durst,	Fr	ostburg,	Md.		DAMEDR 2		0001	-1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be retoched far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item #9 - Film G227 -1/10/58-mb CERTIFICATE OF DEATH

04069

D. COUNTY ALLEGANY B. CITY OR TOWN (If outside corporate limits, write RURAL and give receits from) CUMBERLAND CUMCERD COLOR CONTRIBUTION COLOR CONTRIBUTION COLOR CONTRIBUTION COLOR CO				ist. No.				
. COUNTY	EGANY) !	MARYL	AND	- CTATE			nce before admission) EGANY
RURAL and give ned	rest town)	ts, write		N 1b			, write RURAL and	give nearest town)
OR INSTITUTION	AL HOSPITA	ive street	oddress)			H STREET		e. IS RESIDENCE ON A FARM? YES NO
DECEASED				R		4. DATE OF DEATH	Month APRIL	3 19 58
						C 47 lost bi	thday) Manth	Days Hours Min.
. USUAL OCCUPATION	N (Give kind of work of life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS				TIZEN OF WHAT COUNTRY
	STOTT						Rose H	
			SOCIAL SECURITY NO.	17. IN		SPITAL - CL	Address JMBERLAND	, MD.
Conditions, if on gove rise to im cause (a), stating the lying cause last.	y, which mediate to under:		lesèa	0_		MAL DISEASE CONDIT	ON GIVEN IN PAR	ONSET AND DEATH 1948 111(a) 19. WAS AUTOPSY PERFORMED? YES NO IN
(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)		County) (State)
21. I certify that I attended the deceased fram. 8-31-, 1957, ta 4-3-, 1958, that I last saw the deceased alive an 4-2-, 1958, and that death accurred a3:40 A M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S DR. W.F. WILLIAMS								
BURIAL, CREMATION REMOVAL (Specify)	4/5/	58	22c. NAME OF CEMEN	TERY OR	el Com,	Marlin	Jown or county)	w.va.
	D. COUNTY ALL D. CITY OR TOWN (IF RURAL and give nec CUMBER LAN D. CITY OR TOWN (IF RURAL and give nec CUMBER LAN D. COUNTY D. COUNTY NAME OF DECEASED (Type or print) SEX FEMALE USUAL OCCUPATION DUTING MOST LOT LOT LOT LOT LOT LOT LOT LOT LOT LO	D. COUNTY ALLEGANY D. CITY OR TOWN (If outside corporate limit RURAL and give nearest fown) CUMBERLAND d. MAME OF HOSPITAL (If not in hospital, gor INSTITUTION IAL HOSPITAL NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE WHITE USUAL OCCUPATION (Give kind of work of during most of working life, even if retired HOUSE WITE FATHER'S NAME FICHARD STOTT WAS DECEASED EVER IN U. S. ARMED FOR 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (of DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONIC (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the alive an 19 ACTUAL SIGNATURE PHYSICIAN'S DR & W F .	D. COUNTY ALLEGANY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION IAL HOSPITAL NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE FEMALE WIDOW. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) FATHER'S NAME RICHARD STOTT WAS DECEASED EVER IN U. S. ARMED FORCES? I. no. or unknown If yes, give wor or dotes of service) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under. Iying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (C) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year OR CONTRIBUTING CAUSE OF DEATH Hour o. m. p. m. 19 21. I certify that I attended the decease alive an	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) C. LENGTH OF STAY IN 5 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I AL HOSPITAL NAME OF DECEASED (Iype or print) EEX 6. COLOR OR RACE FEMALE HITE WIDOWED DIVORCED AUTION (Give kind of work done) during most of working life, even if retired) FATHER'S NAME RICHARD STOTT WAS DECEASED EVER IN U. S. ARMED FORCES? IB. CAUSE OF DEATH [Enter only one couse per line for;(a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Of Work (Specify) PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEME	D. COUNTY ALLEGANY ALLEGANY ALLEGANY ALLEGANY ALLEGANY C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b 5 DAYS DAYS d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION IAL HOSPITAL NAME OF DECEASED (Type or print) EMMA VICTORIA REX FEMALE WHITE WIDOWED DIVORCED BUSINESS OR INDUST WILLIAMS FATHER'S NAME RICHARD STOTT WAS DECEASED EVER IN U. S. ARMED FORCES? In or unknown (If yes, give wor or dore of service) BE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN HOUR O. m. 19 DUE TO 200. ACCIDENT WAS UNDERLYING ON CONTRIBUTING TO DEATH BUT IN HOUR O. m. 19 DUE TO 21. I certify that I attended the deceased fram. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR e We F e WILL I AMS PHYSICIAN'S NAME (Type) PART II. OZAL DECEMENT OR PART II. CERMATION. 220. DATE THEREOF PHYSICIAN'S NAME (Type) DR e We F e WILL I AMS PHYSICIAN'S NAME (Type) PART II. OZAL DEATH THEREOF PHYSICIAN'S NAME (Type) DR e We F e WILL I AMS PHYSICIAN'S NAME (Type) PART II. CERMATION. 220. DATE THEREOF PHYSICIAN'S NAME (Type) DR DATE THEREOF PART II. CERMATION. 220. DATE THEREOF PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF 220. NAME OF CEMETERY OR PHYSICIAN'S NAME (Type) DR DATE THEREOF PHYSICIAN'S PHYSICIAN'S NAME (Type) DR DATE THEREOF PHYSICIAN'S PHYSICIA	ALLEGANY ALLEGANY ARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside limits, write RURAL and give street oddress) DAYS C. CITY OR TOWN (If outside limits, write RURAL and give street oddress) C. CITY OR TOWN (If outside limits, write RURAL and give street oddress) DIVERSE AND GIVE STATE AND GI	D. CILY OR TOWN (If equivide corporate limits, write curvature) D. CILY OR TOWN (If equivide corporate limits, write curvature) D. CILY OR TOWN (If equivide corporate limits, write curvature) D. CILY OR TOWN (If equivide corporate limits) D. CILY OR TOWN (If outside corporate limits) D. CILY OR TOWN (D. COUNTY ALLEGANY MARYLAND D. CHY OR TOWN If outside corporate limits, write C. LENGTH OF STAY IN 18 D. CHY OR TOWN If outside corporate limits, write C. LENGTH OF STAY IN 18 D. DAYS C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside COUBERLAND C. CHY OR TOWN If outside COURS IN INCOME. C. CHY OR TOWN If outside corporate limits, write RURAL and CUMBERLAND C. CHY OR TOWN If outside COURS IN INCOME. COURT OF THE COURT IN INCOME. C. CHY OR TOWN If Outside Cours In Income. C. CHY OR TOWN IN INCOME. C. CHY OR TOWN IF INCOME. C. CHY

TO HOSPITAL OR VS A15 (4) 15M 10/57

MARYCALO : TAYE OF EXTINENT OF BEALTH-BALTMONE TO BUREAU V. S. 8561 L 8dV

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4068

CERTIFICATE OF DEATH

04070 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY AL	LEGANY		MARY	- 11	USUAL RESIDENCE o. STATE WEST VI			If institution	HAMPS			on)
b. CITY OR TOWN (RURAL and give r	(If outside corporate limits, nearest town)	write c.	LENGTH OF STAY	IN 16	c. CITY OR TOWN			s, write R	URAL and	give near	est town)	-
RURAL and give n			32 DAYS		RT. #50		EY		85	7×-	3	
OR INSTITUTION	TAL (If not in hospital, give				d. STREET ADDRESS					e	ON A	
	MEMORIAL HOS	PITAL	<u> </u>		J-EMCR-14	E AVE.					YES	ио 🚺
3. NAME OF DECEASED (Type or print)	First NOAH		MILES	3	RIGGLEMA	A. DAT OF DEA		Mon APRIL		23		ear 9 58
5. SEX MALE		MARRIED	NEVER MARRIE	- 1 X	ATE OF BIRTH		9. AGE last b	(In yeors irthdoy) yrs.	Months	1 YEAR 1 Days	Hours	24 HRS. Min.
10a. USUAL OCCUPATION during most of work MINER	ON (Give kind of work do rking life, even if retired)	- 600	nd of Business o	R INDUSTRY	11. BIRTHPLACE (S					S.		COUNTRY?
13. FATHER'S NAME	NOAH RIGGLEN			14	ANGELIN		BAUGH					
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE		CIAL SECURITY NO.	. 17. INFO	MANT			Addi	ess		- 14	
No	(If yes, give wor or dates of servi	23	6-01-894	-	MORIAL HO	SPITAL		CUM	BERLA	ND,	MD.	
PART I. DE	ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	per line l	for (0). (b). ond (c).]	Bo	ne m	ono	h				T AND I	DEATH /
Conditions, if any, which gave rise to immediate costs (o), stoling the under-										10	yei	rs
lying couse last.	lying couse last. (c)											
PART II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH											
	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRI	BE HOW INJURY OF	CCURRED. (E	nter nature of injury	in Port I or I	Part II of ite	m 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJU While at work	_ Not while	20e. PLACE factory,	OF INJURY (Home, i street, office bldg.,	form, 20f. (0 etc.)	City or town		(C	County)		(State)
21. I certify the alive on	hat I attended the d	eceased	/	death ac	, 19 <u>54</u> , to	DA . M. fr		auses a	nd an th	last sav	slated	d abave.
ACTUAL SIGNATURE	v. alped ?	Van	Om	M.D.	122	-	(Street, city	or town,	stote)	C	2 3	E SIGNED
PHYSICIAN'S NAME (Type)	DR. W. A. V	'AN OF	RMER		Cu	mlen	land	12	nel			
REMOVAL (Specify		2	22c. NAME OF CEME				CATION (Cir		or county)		(State)	
Burial 23. FUNERAL DIRECTOR	4/27/58		Indian	Mound	Cemete	EC'D BY REG	omne		TRAR'S SIG	NATURE		
	Silcox	Cum	herland	Mary		APR 2 5	- 1	Popular S	o A i	-/		

TO THE THE THE BUREAU V. S. 8361 88 A9A Committee of the Security of the Committee of the Committ Part of the control o bm IT Sp. mal zoukon - was file & files

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 . MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1060

K-gar

04071 Reg. Dist. No.

1.	o. COUNTY Allegany	MARYLAND	o. STATE	Md . b. COUNTY	Allegany			
	b. CITY OR TOWN (It outside corporate limits, write & conditive negrest town) Cumberland	c. LENGTH OF STAY IN 16 1 MO.		utside corporoto limits, write RURAL mberland	and give nearest town)			
	d. NAME OF HOSPITAL OR INSTITUTION (IF 174 Baltimore St		d STREET ADDRESS	ltimore St.	e. IS RESIDENCE ON A FARM? YES NO			
	NAME OF First DECEASED (Type or print) Otha	Rollin	Roderick	DATE Month April	30 19 58			
m	ale white	WIDOWED TO DIVORCED TO	DATE OF BIRTH Feb. 20-190	Month	DER TYEAR IF UNDER 24 HRS. hs Doys Hours Min.			
10c	USUAL OCCUPATION (Give kind of work do during most et working life, even if redired).	ne U.S.G.	Hartmans	r foreign country) 12. 1ville, W. Va.	CITIZEN OF WHAT COUNTRY? U.S.A.			
	FATHER'S NAME Ephrim Roderick		14. MOTHER'S MAIDEN NA T olia	ME				
	WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown) (If yes, give wor or dates of ser		rother) Law	Address Trence Roderic	Md. k, Cumberland			
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	INTERVAL BETWEEN ONSET AND DEATH SUCCES						
	Conditions, if any, which gove rise to immediate course (a), stating the underlying DUE TO Coronary sclerosis Arteriosclerosis with hypertention							
NO.	couse lost. (c)	Arteriosclero			years. PART 1(a) 19. WAS AUTOPSY PERFORMED?			
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY 0° CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port B	or Port II of item 18.)	YES NO			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	21. I certify that I taok charge opinion death resulted from: No			tund' tund'	quiry 平, and in my			
	ACTUAL SIGNATURE A D 2	ing M.D.	M.D. CHIEF MEDICAL EXA	EXAMINER [DATE SIGNED			
1	BURIAL, CREMATION, 226. DATE THEREOF	M.D. ' 22c. NAME OF CEMETERY OR 1958 Kalbaugh (cemetery	2d. LOCATION (City, town, or coun Elk Garden.	W. Vap.			
23.	FUNERAL DIRECTOR'S SIGNATURE Byron Kight C	umberland, Md.		AY 5 '58 COLLARS	esuch			

MENDE EXAMINER'S CERTIFICATE OF DEATH There are not the state of the THE RESERVE THE RESERVE TO SERVE THE RESERVE THE RESER THE RESERVE THE RE . Day a swing any district the first the first M

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4070 CERTIFICATE OF DEATH

Rea. Dist. No.

04072

11							Keg. Dist. I	10.
	1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE		ed. If institutio b. COUNTY	ni Residence be	
	b. CITY OR TOWN (RURAL ond give n CUMBER		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate BERLAND	limits, write RU	IRAL and give i	nearest town)
3	OR INSTITUTION	TAL (If not in hospital, give street IAL HOSPITAL	et address)	d. STREET ADDRESS		STREET		e. ts residence ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First C •	Middle EDWARD SC	CHLUND Lost	4. DATE OF DEATH	Mont APR		Day Year
	5. SEX	1 11 11 77 77	RRIED NEVER MARRIED X	B. DATE OF BIRTH 28	1878 9.	AGE (In years ost birthday) 70 yrs.	Manths Day	AR IF UNDER 24 HRS, s Hours Min,
	10a. USUAL OCCUPATION during most of work	king life, even if retired)	b. KIND OF BUSINESS OR INDU	MADVIA		γ)	12. CITIZEN	U.S.A.
	13. FATHER'S NAME JOHN C.	SCHLUND		14. MOTHER'S MAIDE				
				NFORMANT MEMORIAL HOS	PITAL - C	Addre UMBERLA		RYLAND
	PART 1. DEA 422.2 Conditions, if of governise to it codes (o), stoting lying cause lost.	the under-	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	DINDITION GIVE		19. WAS AUTOPSY PERFORMED?
		AS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II c	of item 18.)		YES NO
	20c. TIME OF INJUING Hour o. m. p. m.	Whi	f-	ACE OF INJURY (Home, f ctory, street, office bldg.,		lown)	(Count	ly) (State)
A LINE TO A COLUMN	21. I certify the alive an	DR. R.J. WILL	Many	M.D. 19 , to	4 / / / 5 HOPM, from the ADDRESS ISTREET	ie causes ai	nd an the d	saw the deceased date stated above.
	220. BURIAL, CREMATIC REMOVAL (Specify)	DN, 22b. DATE THEREOF 4/14/58	22c. NAME OF CEMETERY O		22d. LOCATION			(Stote)
1	23. FUNERAL DIRECTOR Ruth E.	'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR	rland 24b. REGIST	Mary TRAR'S SIGNAT	

LATE OF DEATH AND REAL PROPERTY. 8561 9T 8dV

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4971 **CERTIFICATE OF DEATH** Reg. Dist. No. 14073

1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA		ved. If institution b. COUNTY	ALLEGA		sion)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		e limits, write RI	URAL ond give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street or institution MEMOR IAL HOSP WARWICK & MEMORIAL A)	address)	d. STREET ADDRESS	ANKLIN	STREET		ON A	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) ROBERT	Middle DEMPSEY	SECRIST	4. DATE OF DEATH	Mon		07	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MAR WHITE WIDOW		8. DATE OF BIRTH FEB. 23. 19	9.	AGE (In years lost birthday) 58 yrs.	IF UNDER 1 YE.	AR IF UND	-
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	VA.	try)	12. CITIZEN	S. A.	
ROBERT D. SECRIST SR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	Nannie Lini	kenhoke				
(Yes, no, or unknown) (If yes, give war or dates of service)	95-01-1632	MEMORIAL HOS	PITAL -	CUMBER		1D.	
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (o), (b), and (c).]	-, both	lege	J		NTERVAL BE	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b)	Diaherus	mellitu	9				
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					EN IN PART 1(a)	PERFC	AUTOPSY DRMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port 1 or Part II	of item 18.)			
20c. TIME OF INJURY Manth, Day, Year 20d. Hour o. m. 19 While of wo	Not while to	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or	tawn)	(Count	у)	(Stote)
21. I certify that I affended the decearative an 4.5-7, 19.		1958, to accurred at 8:45P		he causes a t, city or town, whee		late state	decease ed abave ATE SIGNE
PHYSICIAN'S NAME (Type) DR. LEO H. LEY		Cun	delan	& In	R	/	/
226. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY O Hillcrest Bu ADDRESS	rial Park		1 (City, town, o	,,,		e)
Charles L. George Cumbe	erland, Md.	DATE MA	. 100	ale	Lessie	0	

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VS A15 (4) 15M 9/55 60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1

4 072 CERTIFICATE OF DEATH

Reg. Dist. No. 14074

OR INSTITUTION Memorial Hospital Not A Farm On Beath April 14. Date Open April 14. Day For Open April 14		MOTITO & T				
1. PLACE OF DEATH o. COUNTY	411.	AA A BVA AA	o. STATE	b. COUNT		before admission)
			V • V 8			1
		c. LENGTH OF STAY IN	16 c. CITY OR TOWN (If	outside corporate limits, write	RURAL ond give	e nearest town)
Cumberla	nd		Paw Paw.	W. Va.	85 x	- 3
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stree	et oddress)	d. STREET ADDRESS	7		e. IS RESIDENCE ON A FARM?
			·:			YES NO
DECEASED				OF		
5. SEX				9 AGE IIn year	IF LINDER 1	
Female		ell de		T3 lost birthdoy)	Months D	gys Hours Min.
IOo. USUAL OCCUPATIO	N (Give kind of work done 10)					EN OF WHAT COUNTR
during most of worki	ing life, even if retired)					
	1	o D. Post				JOA
	man Dajanan					
		A SOCIAL SECURITY NO 1			Idraee	
(Yes, no. or unknown) (1	f yes, give wor or dates of service)	2. SOCIAL SECONITY NO.				à •
PART I. DEAT Conditions, if an gove rise to im couse (o), stoting to	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which (b) Inmediate (b) DUE TO		en right	breast		ONSET AND DEATH
PART II. OTH		CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1	PERFORMED?
<u> </u>						YES NO
	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	Port I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. 11. p. m.	Whil	le Not while	e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n, 20f. (City or town)	(Cou	unty) (State)
alive on Off	or I attended the decedence of the property of the control of the	58, and that de Lopper	eath occurred at 239	M, from the causes ADDRESS (Street, city or town	and on the	date stated above DATE SIGNI
220. BURIAL, CREMATION		22c. NAME OF CEMETER		22d. LOCATION (City, town,	, or county)	(State)
	4/16/58	Camp Hil			V	-
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify) BUT 18 23. FUNERAL DIRECTOR'S	1, 22b. DATE THEREOF 4/16/58.		240. REC	22d. LOCATION (City, town, Paw Paw,		(State)

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6361 81 8dV

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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and the state of the same and the same of
ATTAIN TO STADISTING CORTINGATE OF DEATH

CONTRACTOR OF THE PROPERTY OF THE PERSON OF

8361 SI WAY TO THE HEAD OF THE SECOND STATES OF THE SECOND STATES 1928

	Allegany ITY OR TOWN (If outside corporate limits, write URAL and give nearest lown) Frostburg NAME OF HOSPITAL (If not in hospital, give street and in the Institution of Institution	193	CERTIFIC	AIE OF D		Reg. Dist. No.				
o. COUNTY	llegany		MARYLAND	2. USUAL RESIDI	ENCE (Where		d. If institution b. COUNTY	. 4 4	efore odmi	ssion)
RURAL ond give	burg		IGTH OF STAY IN 16		OWN (If outs	ide corporote l	imits, write RU	RAL and give	nearest low	rn)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g	ive street oddress)		d. STREET AD	DRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	William		Middle	Shearer		OF DEATH	Apri.	1	Day 6	Year 19 58
s. sex		7. MARRIED WIDOWED	DIVORCED		, 1889	lo		Months Day	rs Haurs	Min.
during most of wo	rking life, even if retired		OF BUSINESS OR INC	Mid	land,	Maryl	THE CO.		J.S.	T COUNTRY
13. FATHER'S NAME	william S	hearer		14. MOTHER'S A		eth Go	odrie	h		
(Yes, no, or unknown)			SECURITY NO. 17	Mrs. Will	ert]	Rennie	Addre	 Lonace	ning	g. Md
PART I. DE	ATH WAS CAUSED BY:	Ante	1), (b), and (c).]	no fic	Daug	hter"	lesea		NTERVAL B	
Conditions, if	any, which	Aco	to de	Ff K.	ofn	100/	na,	Fach	res L	day
lying couse last	the under-	1	BUTING TO DEATH B	UT NOT RELATED TO	THE TERMINA	DISEASE CO	NDITION GIVE	N IN PART 1(a	19. WAS	AUTOPSY ORMED?
PART II. OT	AS UNDERLYING OF CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature af	injury in Par	t I or Part II of	l item 18.)] NO 🗗
20c. TIME OF INJU	RY Month, Doy, Yes	While _ N	OCCURRED 20e. of while wark	PLACE OF INJURY (H factory, street, affice		20f. (City or to	own)	(Coun	ity)	(State)
21. I certify t	hat Lattended the	deceased fro		th accurred at	to	M, fram th		that I last	190	
ACTUAL SIGNATURE	John	Call	men)	_M.D	134	DRESS (Street,	city or town, s	tote) ーダン		DATE SIGNE
PHYSICIAN'S NAME (Type)	/John	CRO	vers		FR	125/	5016	(H.	(
22a. BURIAL, CREMATI REMOVAL (Specify BUP 121	ON, 226. DATE THEREC		AME OF CEMETERY	or CREMATORY it Cemet		Vale	(City, tawn, or		(Sto	ote)
23. FUNERAL DIRECTO	R'S SIGNATURE		DDRESS	. 113	240. REC'D	BY REGISTRAR	24b. REG/ST	TRAK'S SIGNA		

TO HOSPITAL OR may be retained TO FUNERAL DIF VS A15 (4) 1SM 9/5S

D FUNERAL DIFF OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should readelached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

by the haspital ar attending physician.

death. Page 4

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TO FUNERAL DIRECTOR: The law requires that the death conflicate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burfal transit permit.

• ATTENDING HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04077

Н	4104			Ke	g. Dist. No	
1	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED	
	COUNTY Allegany	MARYLAND	STATE Md.	COUNTY	Garrett	100 120
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside cor	porate limits, write RURAL and		
	OR and give nearest town) TOWN Rawlings	(in this place)	X TOWN DO	er Park		
	HOSPITAL OR	3 3200	STREET	(If rurel giva	location)	
	INSTITUTION OR STREET ADDRESS		/ ADDRESS			
-		Middle)	(Last)	4. DATE (Month	n) (Day)	(Yaar)
	(Type or Print) Edward E1:	i Sollar	s	DEATH AT	ril 21	19 58
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D. 8. DATE			IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male White Whowed, DIV	dowed Oct 6	1884	73 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work 10b, KINI	O OF BUSINESS	11. BIRTHPLACE (State or for		l 12. CITIZE	N OF WHAT
	dona during most of working life, even if refired) M • D •	INDUSTRY			COUN	
	13. FATHER'S NAME		Hoyes Md.	INIAME	U.S.	
	Edward E. Sollars	SOCIAL SECURITY NO.	Catherine	Kell	er	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yas, no, or unk.) (If Yas, give wer or dates of service)					
			Edw. El	i Sollers, J	r. Deer	Park, M
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INTE	RVAL BETWEEN
	11221	O. A.	cardionares	1 1	ONS	SEI AND DEATH
2		noccupae i	1000 males	ear Ormens	2 10	geans
	ANTECEDENT CAUSE(S) DUE TO					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
	STATING UNDERLYING CAUSE LAST. DUE TO					
ì	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
i	19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20	. AUTOPSY?
					YES	
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
ĺ	21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. While	INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?		
	M. at wo					
Ī	22. I hereby certify that I attended the decea	sed from	1956 to Ch	sil 2 1 10 5 8	that I last say	u the deserted
	alive of Jan 2 1 19 5 7 and	., mai i lasi sav	, ille deceased			
	SIGNATURE		DRESS (Streat, city, town,		e. Date signed	
	James Stephenton Ja	11	-21-53			
7	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town,		(Stata)
1	Burialspecify) Apr. 23/58	DeerPark		Deer Park		(0.0.0)
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR	S SIGNIATURE	ADDRESS	
	APR 2 8 '58 Cle Cesuch		Bolden Stulve	- 11 HONIE		
	THE THE PARTY OF T		130116		akland	10/ A.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	4073	CERTIFICA	ATE OF DEATH		Reg.	Dist. No.	4078
	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who MARY LAND		. If institution: Resi		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give perrest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If an	utside carporate lin	mits, write RURAL a	and give neare	st town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of or institution MEMORIAL HOSPITAL	oddress)	d. STREET ADDRESS MC HENRY	ST.			IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF First DECEASED (Type or print) JAMES	Middle	Lost	4. DATE OF DEATH	Month APRIL	Doy 22	Year 1958
		IED X NEVER MARRIED	STORER 8. DATE OF BIRTH MARCH 2 190	10.40		DER 1 YEAR IF	UNDER 24 HRS. Hours Min.
)	10b. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) FOREMAN KELLY 13. FATHER'S NAME	kind of Business or Industry		D. MD.	12.	CITIZEN OF	WHAT COUNTRY
	ERNEST STORER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	GRACE W	• SPIER	Address		
	(Yes, no, or unknown) (If yes, give war or dates of service)		MEMORIAL HOSP	ITAL		BERLAND	, MD.
	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. DUE TO DUE TO (c)						
>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO D
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of i	item 1B.)		
	Haur a.m. While	NJURY OCCURRED 20e. PU Not while for ot work—	ACE OF INJURY (Hame, form, clory, street, office bldg., etc.)	20f. (City or tov	vn)	(County)	(State)
		J. WILLIAMS	M.D. Cerus	M.M., from the ADDRESS (Street, c	lengt	n the date	
	20. BURIAL, CREMATION, REMOYAL Specify) BUTIAL 4-25-58	22c. NAME OF CEMETERY O	A S. C. San St. Co.	Cumber	city, town, or count	nd.	(State)
	James F. Scarpelli,	Cumberland,	MA	BY REGISTRAR	24b, REGISTRAR'S	SIGNATURE	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO FUNERAL DIRE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4074

CERTIFICATE OF DEATH

Reg. Dist. No. 04079

				-						
1. PLACE OF DEATH	o de mir		MARYLAN	- 11	USUAL RESIDENCE		d lived. If instituti b. COUNTY			
	egany f autside carporate limits,	write	LENGTH OF STAY IN 1			land	anda Nimita III n		lega	
RURAL and give ne	earest town)				c. CITY OR TOWN			UKAL and g	give nearest	lown)
Cumber 1	and AL (If not in hospital, give		10 months	C	7-2	berland	u			Declar de la constant
OR INSTITUTION		e ziteat og	aress)		d. STREET ADDRESS		Dond		0	RESIDENCE N A FARM?
Braddoc	k Road				Brac	ddock	noad		YES	S NO XX
3. NAME OF DECEASED (Type or print)	First	Cor	Middle a Elizabe	ath	Torry	4. DATE OF DEATH	Mon		Day	Year
S. SEX	Mrs.					DEATH	arp.		20	19 58
			NEVER MARRIED		ATE OF BIRTH	3000	9. AGE (In years last birthday)		Days Ho	NDER 24 HRS.
Female		VIDOWED		. 6	uly 11,	1879	78 yrs.			
during most of work	ON (Give kind of wark darking life, even if retired)	1		IDUSTRY				12. CITI		HAT COUNTRY
Housewi		0	wn Home			, Idah	0		USA	
13. FATHER'S NAME				14	I. MOTHER'S MAIDE	N NAME	THE COLUMN			
	a Yeariam				Sara J	ane Ye	ariam			
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17	7. INFO			Add	ress	-	1 161
no	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Dr.	R. Rhe	tt Rat	hbone,	Cumbe	erlan	d, Md.
	ATH [Enter only one cause	e per line	far (a), (b), and (c).]	0	A					L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Pr	ulmonary	E.	lama				ONSET A	ND DEATH
162,1	DUE TO		0							1
Canditians, if or	ny, which)	me	disstral	- n	Mastre	is			420	worth
gove rise to in	mmediate (Carcino		, ,		1	
lying cause last.	(c)	Br	onchogen	ue	Caccino	ma I	eft Jon	-4	101	Yer The
PART II. OTH	HER SIGNIFICANT CONDIT	TIONS CO	NTRIBUTING TO DEATH I	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
200. ACCIDENT WA	S UNDERLYING 20 CAUSE OF DEATH	b. DESCR	BE HOW INJURY OCCUI	RRED. (E	nter nature of injury	in Part I ar Par	t II of item 18.)			
	MEDICAL EXAMINER)									
	Y Manth, Day, Year	20d. INJU	URY OCCURRED 20e.	PLACE	OF INJURY (Home, fo	arm, 20f. (City	or tawn)	(C	County)	(State)
Haur o.m.	19	While	Nat while ot work	factory,	street, affice bldg.,	etc.)		,,		(5.2.5)
	11 11 11 12 1			11	5-17	1. 10	2000	7		
	at I attended the d	eceased	from.	E_J_1_	, 19 5 7 to	- FV-I	20, 1950	2,that	ast saw t	he decease
alive on Cip	va 20	122	ond that dec	oth ac	curred at	M, from	n the causes o	and on th	e date st	
ACTUAL	D D	NI					treet, city or lawn,			DATE SIGNED
ACTUAL SIGNATURE	c. 10hoof Ka	the	-	M.D.	122 S.	. Cent	re St.,	Jumbe	rlan	a, Md.
PHYSICIAN'S I	Dr. R. Rhe	tt R	athbone		April	1 20,	1958			
	N, 22b. DATE THEREOF	:	22c. NAME OF CEMETERY			22d. LOCA	TION (City, town, o	or county)	(Slote)
Burial (Sprify)	4-23-58		Woodlawn	Ce	metery		mi, Fla		51.7	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. R	EC'D BY REGIST		STRAR'S SIG	NATURE	
Tames F	Scarpell	i. (Cumberland	, M	d.	APR 2 2		0 1 -	uch	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the runeral director, page 3 shauld be referred far use as the burial-transit permit. Then please remove carbap pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of VS A1S (4) 1SM 10/S7

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death: Page 4 may be retained to the hospital or attending physician. TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4075 **CERTIFICATE OF DEATH**

Reg. Dist. No. 14 (181)

PLACE OF DEATH O. COUNTY	Allegany		MARYLAI		usual Residence . STATE Mar	e (Where		ived. If instituti b. COUNTY		e before o	
b. CITY OR TOWN (RURAL ond give n Cumbe		ts, write c.	3/17/58		c. CITY OR TOWN		side corporo	te limits, write R	URAL ond g	ive nearest	town)
d. NAME OF HOSPI	TAL (If not in hospitol, g Allegany			ary	d. STREET ADDRE		phar	t Driv	е		S RESIDENCE ON A FARMS
3. NAME OF DECEASED (Type or print)	Joh	n	Middle J.		Tiptor		OF DEATH	April	ith	Doy 7,	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED [/8/187]		9.	AGE (In years law birthday) yrs.			OURS Min.
	ON (Give kind of work king life, even if retired — Teacher	0 - 1-	ND OF BUSINESS OR I		_		foreign coul	.,		S.	A .
13. FATHER'S NAME	Noah Tipt	on		14	MOTHER'S MAI		Cook				
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	CIAL SECURITY NO. 5-16-7763		egany						and, Md
	mmediate	Rugarte	- Comment	1	to Se			,		INTERV/ ONSET	AL BETWEEN AND DEATH
CATIC	(c	Dean DITIONS CON							/EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
_	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER		BE HOW INJURY OCCURY OCCURRED Not while	e. PLACE (OF INJURY (Home street, office bldg	, form,			(C	County)	(Stote)
	not I attended the 7/58	deceased	ot work	/58 eath occ		OA	ODRESS (Street		and an th		the deceased stated above. DATE SIGNED 158
	Dr. Lee B		hews		Cumbe			Maryla			
220. BURIAL, CREMATIC REMOVAL (Specify) BUITAL	4/9/58		Cose Hill N		leum		Cumbe	on (City, town, rland,		and	(State)
23. FUNERAL DIRECTOR H. Wayne		nberla	address nd, Md.		24a.	AP	BY REGISTRA	AR 24b REGI	STRAR'S SIG	mature	

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Die Freite Leafige Flanderfreit, 1905

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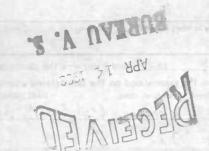
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direct will direct		COUNTY AL	LEGANY	
pe e c		B. CITY OR TOWN (IF O	rutside corporate I est lown)	imils,
by the funda 2 should		d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospita MORIAL H	I, give
lled in b	3.	NAME OF DECEASED (Type or print)		First
Poges P	5. 5	SEX C	. COLOR OR RAC	E 7
	1	EMALE	WHITE	W
the attending physician and campletely filled. Then please remave carbon papers. Pages 1 vent within 72 haurs after death.	10a	. USUAL OCCUPATION during most of working HOUSEWIF	(Give kind of wo g life, even if retin	rk dor
carbon offer de	13.	FATHER'S NAME		
2 0 0 0 0		JOHN WI	LLIAMS	
physic smave hours	15.	WAS DECEASED EVER I	N U. S. ARMED F	ORCE:
tending physic please remave within 72 haurs	(10	No	yes, give wor or dates	or service
please within		18. CAUSE OF DEATH	Enter only one	cause
atte day		PART I. DEATH	WAS CAUSED BY	Y:
The a		176.9	DUE	
any e		Conditions, if ony,		
gned b permit.		gove rise to imn	nediole ((b)
en sig insit p and i		lying couse lost.	under-	(c)
ing physicion. The has been signed by burial-transit permit. remaval, and in any e.	ATION	PART II. OTHER	SIGNIFICANT CO	
ar ar	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING I CAUSE OF DEAT EDICAL EXAMINER	20 (H R)
r this certification of cremation,	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day,	Year
for # for	-		1	
Arbe hospitol ar R: After this co Getached for use r to burial, cremati		21. I certify that olive on	mi 8	ne de
DIRECTOR DIR		ACTUAL CA	ettor /	32
		PHYSICIAN'S NAME (Type)	DR. C.	BR I
may be retongly be retongly bage 3 shather egistra	220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THER	
£ 0 g €		rial FUNERAL DIRECTOR'S S	Apr. I	-
VS A15 (4)	23.	T T	O (1	

	• 0		R	teg. Dist. No.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN	ere deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give pegrest lown)	6 DAYS	c. CITY OR TOWN (IF of	utside corporote limits, write RUR/ RLAND	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION MEMORIAL HOSP	treet oddress)	d. STREET ADDRESS 924 GL	ENWOOD STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) E VA	Middle TRO	Lost	4. DATE - Month OF DEATH APRIL	Pay Year 9 1958
FEMALE WHITE WIE	DOWED DIVORCED	B. MEGF BYTH 1904	lost birthidoy) M	UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) No		LOTTIE INFORMANT INFORMANT INFORMANT INFORMANT	STEINE Address TAL - CUMBERLAN	
PART I. DEATH [Enter only one cause property of the course	ju Jemsle or	Lasinom Lgans	· originating	interval Between ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING			IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1	
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
Hour o.m.	0d. INJURY OCCURRED 20e. PL While Not while twork of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decolive on April 8 ACTUAL SIGNATURE CAULTON Brun PHYSICIAN'S NAME (Type) DR. C. BRIN	19 S, and that death	MD 232 Br		that I last saw the deceased on the date stated above to DATE SIGNED 19/95
		orial Park	22d. LOCATION (City, lown, or comberland, Ma	aryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE

HYARO RO BYADISITERD . 23 FOR

MALINE OF THE STATE OF	27 127 147	



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HEAST OF STANDERS CONTINUED OF DEATH The same and the same of the s Deducted that he was seen that the second of and the country of th

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hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Allegany

1	-	1
1	M	
1	191	

Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

Sacred Heart Hosp.

First

C LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland.

Marvland

d. STREET ADDRESS

34 Greene St. 4. DATE e. IS RESIDENCE ON A FARM2. YES NO A Yeor

19 58

ARTZONA (Type or print) ETHEL. VANDERGRIFT DEATH April 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TT 8. DATE OF BIRTH 9. AGE (In years last birthday) Female White Sept. 18, 1884 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Middle

Monongalia Co. Own home

W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

1 mo.

WAS AUTOPSY PERFORMED? YES NO M

IF UNDER I YEAR IF UNDER 24 HRS

13. FATHER'S NAME

Housewife

1. PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED

Oregon Vandergrift

d. NAME OF HOSPITAL (If not in hospital, give street address)

14. MOTHER'S MAIDEN NAME Louernia Williams

b. COUNTY

Month

Months

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Flora G. Robinette 32 Greene St., Cumb.Md. None No

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19.

TO. ONOSE OF DEATH (Enter Only	one couse per line for (o), (b). o	na (c). j		
PART I. DEATH WAS CAUSE IMMEDIATE CA	USE (0) Carcinoma	of	the	Stomach
1.11 %	OUE TO			
Conditions if ony which	Ahdominal	COT	roine	matheig

gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO

none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

none

20c. TIME OF INJURY Month. Doy, Year Hour o. m. p. m. none

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stole)

(Stote)

21. I certify that (attended the deceased from March 22, 158, to April 16, 158, that I last saw the deceased ____, and that death accurred at 2:15P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

ACTUAL

220. BURIAL, CREMATION, 22b. DATE THEREOF

James P. Hallinan M. D.

Cumberland.

140 Bedford St

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Shinnston Masonic Cemetery Shinnston W

240. REC'D IN REGISTRAR 5 246. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

PHYSICIAN'S

NAME (Type)

Burial

Cumberland, Md.

H. Wayne George

DATE

10 VS A15 (4) 15M 10/57

physicion

certificate

R: Afte

DIRE

FUNERAL D

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Number of the second second

A CONTRACTOR OF THE PARTY OF TH

HYASO SO STADISTING TO SATH

. Sicolina . V. Minus and .

Reg. Dist. No. 14084

							keg.	DIST. 140.	
1. PLA o. (CE OF DEATH	gany	MARY	11 0 5	Mary 1		b. COUNTY	lence before odmissi Legany	on)
b. (CITY OR TOWN (If or	utside corporate limits, write	c. LENGTH OF STAY	IN 1b c. C	-	outside corporote	limits, write RURAL on	d give nearest town	
d. I		(If not in hospitol, give streetiners Hesp:		,d.	street address Rai	lread	Street		DENCE FARM? NO K
	ME OF CEASED De or print)	Douglas	Middle G.	Wa	ddell	4. DATE OF DEATH	Month April		rear 19 58
5. SEX	ale	more at the contract of	RRIED NEVER MARRIE		of BIRTH		AGE (In years ast birthdoy) Wonth yrs.	ER I YEAR IF UNDE Days Hours	R 24 HRS. Min.
R	etired M	(Give kind of work done 10) Life, even if retired) LINET	b. KIND OF BUSINESS OF	e :	Lonaconi	ng, Ma	ryland 12:	U.S.A.	COUNTRY
13. FA1	THER'S NAME	illiam Wadd	iell	14. M	OTHER'S MAIDEN N	asie G	heah em		
(Yes, no	AS DECEASED EVER IN	N U. S. ARMED FORCES?					Address	oning.	Md.
9	PART I. DEATH	nediote (DUS TO	line for (o). (b). and (c).	Prostat	i day	perti	entrie de	INTERVAL BEI	DEATH
2 0	PART II. OTHER O. ACCIDENT WAS LE R CONTRIBUTING D E EITHER, NOTIFY ME	SIGNIFICANT CONDITIONS JNDERLYING CAUSE OF DEATH	S CONTRIBUTING TO DEA				ONDITION GIVEN IN P	ART I(o) 19. WAS A PERFOI YES	AUTOPSY RMED? NO
			le Not while	20e. PLACE OF foctory, stre	INJURY (Home, form eet, office bldg., etc.	. 20f. (City or	lown)	(County)	(Stole)
a AC	I. I certify that live on Uff	I attended the deceded 19	F >=		MAIN	M, from the ADDRESS (Street	7, 19 &,that ne causes and on city or Iown, state)	the date state	
N/	AME (Type)	22b. DATE THEREOF	11/20 7	<u>'</u>		ACOI		MD.	
	EMOVAL (Specify)	4/30/58	Oak Hi		etery		(City, town, or county	r) (Stote Md.)
23. FU	NERAL DIRECTOR'S S	IGNATURE	ADDRESS		24s. REC'I	D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	127
G	eorge Ei	chhern	Lonaconi	ng.Md.	DATE	y . 5 58	Un the	uem	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR

ander forest and statement for the The War Contract V. with the later of the later etal education 21 points At reaction super THE PROPERTY TERRUPE SERENT A CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR O Chile Wild County berry productive of street deep again Tonacano.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4078

CERTIFICATE OF DEATH

MADOR

		<u> </u>		•	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLANI		ere deceased lived. If institution land b. COUNTY	on: Residence before admission) Allegany
RURAL ond give n	If outside corporate limits, write learest town) OPTAND	6/8/57		outside corporate limits, write RI	URAL and give nearest town)
OD INICTITUTION	TAL (If not in hospital, give street Allegany Cour		d. STREET ADDRESS Benjami	n Benaker A	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Mary	Mamie	Washington	4. DATE Mont OF Apri	
5. SEX Female	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH 4/14/1890	9. AGE (In years last birthday) 7 yrs.	Months Days Hours Min.
during most of wor	ON (Give kind of work done 10b. king life, even if retired) Housework	KIND OF BUSINESS OR IN		or foreign country) Maryland	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Unkno	own		Unknown		
15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	None None	Allegany Co	x 599 Additional Addit	Cumberland, Mo ary Records
PART I. DEA 422.2 Conditions, if o gove rise to i couse (a), stoting lying couse last.	mmediate the under-	bedraf a elevia;	Residuels 4	Generalion Genesia,	INTERVAL BETWEEN ONSET AND DEATH
ICATIO	HER SIGNIFICANT CONDITIONS C		RRED. (Enter nature of injury in F		YEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	SKIBE HOW HAJORY OCCU	KKED. (Enter nature of injury in r	orr I ar Port II or Hem Ib.)	
-	RY Month, Day, Year 20d. In While	NOT while at work	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
ACTUAL SIGNATURE PHYSICIAN'S	ont I attended the decease 19/58 19 Or. Lee B.		M.D. 49 Gree		4/9/58
22a. BURIAL, CREMATIC BURIAL (Specify)	ON, 22b. DATE THEREOF Apr. 11, 195	22c, NAME OF CEMETERY		22d. LOCATION (City, town, o	or county) (State)
23. FUNERAL DIRECTOR John J. Ha	's signature afer, Cumberlar	ADDRESS	24a. REC'E		STRAR'S SIGNATURE

Lake the later to have JE JE STATE STATE OF THE SECOND THE PERSON WAS A CORPORATE OF THE PERSON OF ews the second of And the second of the second o Americanic discretization to be a market MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

), Film G	10	70 CERTIFI	CAIL	OF DEATH			Reg. Dist. No	04086
1. PLACE OF DEATH o. COUNTY AT	T.EGANY	*	MARYLA	0	SUAL RESIDENCE (WHATELE ARYLAND)	nere deceased l	b. COUNTY	Residence before ALJEGA	
b. CITY OR TOWN (If	outside corporate limi	its, write	c. LENGTH OF STAY IN	lb c	. CITY OR TOWN (If o	utside corporal	e limits, write RUR	AL and give ne	arest town)
	ERLAND		5 days	0	UMBERLAND	0	2		
d. NAME OF HOSPITA		give street			d. STREET ADDRESS	,			e. IS RESIDENCE ON A FARM?
	HEART HOS	SPTTA	Τ	7	22 ELM STR	EET			YES NO
3. NAME OF	Fit	rsf	Middle		Last	4. DATE	Month	D	ay Year
(Type or print)	FLORE	ENCE	W.		WEIRES	OF DEATH	APR	II. 7	19 58
5. SEX		7	RIED NEVER MARRIED	8. DA	TE OF BIRTH	9.	AGE (In years III	FUNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE	WHITE	WIDOW			RCH 21. 18	98 6	lost birthday) 7	Manths Days	Hours Min.
10a. USUAL OCCUPATIO	(Give kind af work	done 10b.	KIND OF BUSINESS OR I			ar fareign cau	ntry)	12. CITIZEN	OF WHAT COUNTR
Clerk	ng life, even if retired		rocery Sto	re	PENNSYLV	ANTA _	Myersda:	le USA	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N		y CI Daa.	40 000	•
JOHN B	AKER				व्यवस	CCA FLO	YTO.		
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR		OOK PIK	Addres	\$	
	f yes, give wor or dates of t	ervice)	218-24-808	6 DATE	ENT'S NIEC	Tr.			
IR CAUSE OF DEAL	H. [Fater only one or		ne far (a), (b), and (c).]	-1411	PRI O NIE	Ш		LINIT	ERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:		(c). (o). and (c).	And	The	1		ON	SET AND DEATH
11201	IMMEDIATE CAUSE (course	1	" rece-		2 2	- 0	rent
700.7	DUE TO	_	Enforte	usu	S B-11	1			_
Canditions, if on		1	March		00	22		-	show.
cause (o), stating to lying cause last.		10	ardiax	7	Sorte	ogst	7	3	3 yer -
PART II. OTH	R SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	INAL DISEASE (ONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
PART II. OTH	I CALISE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (En	er noture of injury in	Port I ar Part II	of item 18.)		
20c. TIME OF INJURY Hour a.m. p. m.		ar 20d. II While at wor	Nat while		F INJURY (Hame, form street, office bldg., etc		r town)	(Caunty	(Stote)
21. I certify the	at I attended the	deceas	ed fram Organ	,20	, 1958, to	ager.	7. 19.5	that I last s	aw the decease
alive on_Cas	1.7	19			urred at 2:196				
0		,					et, city ar tawn, sto		DATE SIGNI
ACTUAL SIGNATURE	Deny		Some	M.D.	Cu		uland	-2006	4/8/5
PHYSICIAN'S NAME (Type)									
27- 0110141 CD51147101	. 22b. DATE THEREC)E	22c. NAME OF CEMETE	av aa aar					
220. BURIAL, CREMATION	. I BEET DITTE TITERED	,	220. INAME OF CEMETE	RY OR CRE	MATORY	22d. LOCATIO	N (City, town, ar	county)	(State)
Burial (Specify)	4-10-58				Cemetery				(State)
220. BURIAL, CREMATION BULLAL 23. FUNERAL DIRECTOR'S	4-10-58				Cemetery		berland		

death; Page 4 moy be retained by the haspital or otherding physician.

You be retained by the haspital or otherding physician.

You have been signed by the attending physician and completely filled in by An funeral directors.

You have a second by the burial transition of the burial-transition of the please remove carbon papers. Pages I and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

62

BUREAU V. 8261 OI A9A

A STATE OF THE PARTY.

FOR STATE HEALTH DEPT

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 havrs after death. If any delay is not provide execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral plan. Page 4 shauld be fat.

A shauld be fat. Aged to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

PENNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death. VS. A15ME

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DEPUTY MEDICAL EXAMINER: T	execute the certificate, writing the	4	0

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re
	-

04087 g, Dist. No.

	1. 6	COUNTY	17.7 o movest			a. STATE	ENCE (When	e deceased lived. If in	ILITY	
			Allegany	MARYLA			Md		ALL	egany
	Ь	ond give nearest to	(If outside corporate limits, write RURAL wn)	c. LENGTH OF STAY IN	16	c. CITY OR TO	OWN (If out	side corporate limits, w	rite RURAL and	give nearest town)
		Cumber	cland	84 vrs		02 Cu	mberl	.and		
			ITAL OR INSTITUTION (If not in I			d. STREET ADI	DRESS 62	6 Tedford	a st	e. IS RESIDENCE ON A FARM?
. 1	. 0 .	lacred I	leart Hospital			XXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	S.	YES NO NO
		NAME OF DECEASED	First	Middle		Last	4.	DATE	onth	Day Year
		Type or print)	Ama i.i a	Christin	2	White		OF DEATH	5 4	7 19 58
	5. S	EX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	-	11		9. AGE (In year	IF UNDER 1	
		female	white widow	VED TO DIVORCED	Too	ne 26-	1973	lost birthday)	Months E	Days Hours Min.
	10a	. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR IN			E (Stote or I	creign country)	12. CITIZ	EN OF WHAT COUNTRY
			ing life, even if retired)	n Home		Cumbe	rland	L.M.A.	TT	5 . A .
		FATHER'S NAME	i.e		Ti	14. MOTHER'S MA			10.	7 • 22 •
			To i become	4						
	15.		eorge Leibran		17 INF	ORMANT	Za, 03 (h Reub	rate	
1		, na, es unknown)	(If yes, give war or dates of service)				175000			TOT Day Total
)}	-	no		none	da	lughter	HITS	Henry Le	3, 1.10	
14			ATH {Enter only one couse per li ATH WAS CAUSED BY:							INTERVAL BETWEEN
		422.2	IMMEDIATE CAUSE (a)	Myocardi	ما وا	failur	3			gradual
		4000	DUE TO							2
		Conditions, if	(0)	Chronic my	oca	irditis				?
		gave rise to imm (a), stating the								
3		couse lost.	(c)							<u> </u>
P	8	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NO	T RELATED TO TH	E TERMINA	DISEASE CONDITION	GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
0	ΥD									YES NOTE
	CERTIFICATION	200. EXTERNAL CA	AUSE WAS 206. DESCH	RIBE HOW INJURY OCCURRE	D. (Ente	er noture of injur	y in Port I o	r Port It of item 18.)		
		CAUSE OF DEATH	I.							
	MEDICAL	20c. TIME OF INJ	URY Month, Day, Year 20c		PLACE	OF INJURY (Hor	me, farm,	20f. (City or town)	(Cour	nty) (Slote)
	AEDI	Hour o. m		hile Not while wark ot work	tactory	y, street, office bl	dg., etc.)			
	~		that I took charge of the		obove	e. held on A	utonsy [, Inspection [X, Inquiry	A. and in my
			resulted from: Naturo		_		_	micide , Und		
	-	opinion deon	resolied from: Natoro	1 couses [A. Accide	··· L	, Juicide	L, 110	morde [], Ond	etermineo m	ionner 📋
		ACTUAL	400	211 }		CHIEF MED	HCAL EXAM	INIED [7]		DATE SIGNED
2		SIGNATURE/	1. Jan Smin	f M.N		M.D.		XAMINER []		
de		EXAMINER'S	IT IT Toursen If	T					N 705	0
			H.V.Deming M.					MINER MADril		
	_	_ REMOVAL (Specif	ON, 22b. DATE THEREOF	St. Lukes	Unit)	h. Cemet	terv	d. LOCATION (City, tow Cumberland	, Mary	and (State)
		Burial		Annesses	uu				m	
	23.	FUNERAL DIRECTO	Hafer, umberl	and, Marylan	d				EGISTRAR'S SIG	NATUKE
			,	,		D	ATE APR	1 0 '58	Un elia	eh

MARYAMD STATE DELERTIMENT OF HEATH-BATHMORE 18 WEDICAL EXAMINER'S CERTIFICATE OF BEATH

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		Mary May 17 Co.	
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01200000	CHARLES AND THE	The second	

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executed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

04088

4105	IIIICAII	C OF DEA	R	eg. Dist. No.					
1. PLACE OF DEATH	*	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY	Allegany					
CITY (If outside corporata limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rete limits, write RURAL a						
OR and give neerest town) TOWN	(in this plece)	X TOWN Luke							
HOSPITAL OR	1	STREET		ve location)					
INSTITUTION OR STREET ADDRESS		ADDRESS							
Kesidence	Middle)	(Last) 430	Pratt St.	nth) (Dey) (Yaar)					
DECEASED (Typs or Print)			OF DEATH A						
George UL		illiams	A	pr115 19 58					
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, DATE	OF BIKIH	9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.					
	owed Jan	5 1893	65 уп.						
	OF BUSINESS INDUSTRY	11. BIRTHPLACÉ (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?					
retired) Papermaker W.V.	a. P & P co	. Piedmont.	W.Va	U.S					
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
O.D.Williams		Leota Rec	ton						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A							
(Yes, no, or unk.) (If Yes, giva war or datas of servica)	16-05-9744	Oliver W	/illiams.	Luke. Md.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		RTIFICATION		INTERVAL BETWEEN					
Q.		0		ONSET AND DEATH					
141.0 IMMEDIATE CAUSE (A)	nevalez	Carcino	man	6 mo					
ANTECEDENT CAUSE(S) DUE TO	0								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LININGPLYING CAUSE STATING LININGPLYING CAUSE TO THE ABOVE TO DUE TO		0							
STATING UNDERLYING CAUSE LAST. (C)	arcia ano	Cose 7	1 me 112	18mo.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1	1						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			0						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS (OF OPERATION			20. AUTOPSYZ					
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home	from factors 1	21c. WHERE DID INJURY OCCUI	2 (6)	YES NO					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., atc.)	ZIC. WHERE DID INJURY OCCU	Kr (City or town)	(County) (State)					
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a.	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?						
M. While									
22. I hereby certify that I attended the decea	sed from Juliana	1 10 57 to an	2. 5 105	T shoe I lost sour the decorat					
alive on 1/27 5 , 19 5 6 , and									
SIGNATURE	mai deally occurred a		RESS (Street, city, tow						
(16/2 erry	M. D.	(tel		ur a it/1/0					
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, fow	n, or county) (State)					
Burial (SPECIFY) April 2.58	Philos Cer	netery	Westernpo	ort, Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S		ADDRESS					
DATE APR 8 '58 QUEL- SALE		11H2000	B. h. Pie	edmont, W.Va.					
DATE OF THE SALLING		IN I I INTERN	000	, , , , , ,					

The law requires that the death certificate be INSTRUCTIONS ATTENDING YESTCIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

SERTIFICATE OF DEATH

MODELLE SECTION All the second of the second · MA (TOSQD TEX SEX)

. SV. M. . Constant

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 4 (189) 4981 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Pe RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Allegany County Infirmary 211 Cecelia Street NAME OF Middle 4. DATE Lost DECEASED (Type or print) Daisv Wilson DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) White Months Female WIDOWED | DIVORCED T popers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) - Seamstress - Rosenbaum's Rawlings, Maryland carbon affer de 13. FATHER'S NAME John F. Wilson Esther Chaney mave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O.BOX 599 Cumberland . Md . Address [Yes, no. or unknown] Allegany County Infirmary Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cotse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY/OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. Not while ot work ot work 21. I certify that I attended the deceased from _______ ___, 19___ ... 19____,that I last saw the deceased and that death occurred at 4:05P M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL Greene Street DIRE

à.

PHYSICIAN'S Dr.

220. BURIAL, CREMATION, 226,

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify

0

3

0 1SM 9/SS ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

James E. McLean

DATE THEREOF

24g. REC'D BY REGISTRAR

Cumberland, Maryland

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

. IS RESIDENCE

Day

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

(County)

ON A FARMS

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19 58

YES NO P

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			Application for the	
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TO FUNERAL DIRE TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Anne CERTIFICATE OF DEATH

MAMA

		2 30	CERTII	ICATE OF	DEATH			Reg. Dist.	NUTTO	30
1. F	PLACE OF DEATH D. COUNTY ALLEGA	NY	MARYL	O STATE	ESIDENCE (When	re deceased liv	ed. If institution b. COUNTY	ALLE	before admis	sion)
t	b. CITY OR TOWN (If autside carporate I RURAL and give nearest tawn) FROSTBORG (1)	imits,/write	c. LENGTH OF STAY I	N 1b c. CITY C	PRTO/	tside carporate	limits, write RU	RAL and giv	e nearest tow	h)
•	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION HOSPITAL)	T.	address)	d. STREE	T ADDRESS					SIDENCE A FARM? NO
3. 1	NAME OF DECEASED (Type ar print)	First FRN/	Middle	W	Lost	4. DATE OF DEATH	APR	1/_	10	Year 19 5 8
S. S	FEMALE W	E 7. MARI	RIED NEVER MARRIE		20 18	280 9.	AGE (In years last birthday)		YEAR IF UND	ER 24 HRS Min.
10a	USUAL OCCUPATION (Give kind of wa during most of working life, even if reting the state of the s	red)	KIND OF BUSINESS OF	- 600	RRETT	foreign count	Mo	12. CITIZI	SA	COUNTR
	FATHÉR'S NAME JACOB BIT	TINO	TER	EL	LA F	AZEI	VBAK	ER		
	WAS DECEASED EVER IN U. S. ARMED F no, or unknown) (If yes, give wor or dates		SOCIAL SECURITY NO.	Mes al	lvie W	loore	Bar	ton	Me	1
	18. CAUSE OF DEATH [Enter only one PART 1. DEATH WAS CAUSED B IMMEDIATE CAUSE	f: 10	ne for (a), (b), and (c).]	At here	it la	line	myoca	ditio	INTERVAL BE	DEATH
	Canditions, if any, which gave rise to immediate case (a), stating the under	(b) (b)	terroso	Coinsis	0		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		400	
CERTIFICATION	PART II. OTHER SIGNIFICANT CO	no le	CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CO	ONDITION GIVE	N IN PART 1	(o) 19. WAS PERFO YES	DRMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE)	H	CRIBE HOW INJURY OF	CCURRED. (Enter natu	e af injury in Pa	rt 1 ar Part II (of item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Haur a. m. p. m.	While	Not while	20e. PLACE OF INJUI factory, street, a	RY (Hame, farm, ffice bldg., etc.)	20f. (City or	town)	(Cou	unty)	(State)
	21. I certify that I attended to alive on public to ACTUAL SIGNATURE	ne deceas	()	death occurred		M, from th		nd on the	date state	
	PHYSICIAN'S LESLIE	R.	MILES	48	LONA	CONI	NG		MD	1
220	BURIAL, CREMATION, 22b. DATE THEIR REMOVAL (Specify)	158	BITTIN	TERY OR CREMATOR		2d. LOCATION	GER G	County) ARRE	TT Co	mi
23.	FUNERAL DIRECTOR'S SIGNATURE	L.	ADDRESS	2 Va 1	24a. REC'D	BY REGISTRAR	24b. REGIS	RAR'S SIGN	ATURE	

8561 91 Aqv

FOR STATE HEALTH DEPT. v. please

. Page files. Health,

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessive the certifier, writing the word "pending" in pendil in Item, 18. Give Pages, 1, 2, and 3 to the funeral difference of should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to burial, crematian, or removal, and in any event within 72 haurs after death.

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Samperta

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			108	9						Reg. I	Dist. N	140	91
1.	PLACE OF DEATH		10	W			2. USUAL RESIDENCE (Where deced	sed lived. If Instit	utian: Resid	dence be	fore adm	issian)
	a. COUNTY	拉出生生生	Alle	gany	MARY	LAND	o. STATE Md		b. COUNT	I'A AT	leg	any	
	b. CITY OR TOWN (If				ENGTH OF STAY I	N lb	c. CITY OR TOWN (II	f autside cor	rparate limits, write				wn)
	Cumb	perland		5	7 Yrs		oa Cum	berla	and				
	d. NAME OF HOSPITA	AL OR INSTITUTION	(It not in	hospital,	give street address)	d. STREET ADDRESS			51.6	- 17		ESIDENCE A FARM?
	420 Gra	and Ave.					/ 420 Gra	nd Av	re.				NO T
3.	NAME OF DECEASED	F	irst		Middle		Last	4. DATE	Mant	th	Doy	1	/ear
	(Type or print)	Chai	rles		Edgar	Zi	mmerman	DEATH	Apri	11	7	1	958
5.	SEX	6. COLOR OR RACE	7. MA	RRIED -	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
	male	white	WIDO	WED 🔀	DIVORCED [JS	ent.16-19	00	lest birthdoy? 57 yrs.	Manths	Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of wor	dane 10			NDUSTRY			, ,	1			COUNTRY
	Machines	t evan in termed	'	B&C	R.Ry.		Cumberl	and, N	1d.	I	J.S.	A.	
13	FATHER'S NAME					1	4. MOTHER'S MAIDEN						
	John	E. Zimme	erma	n			Mild	red E	Racey				
	. WAS DECEASED EVE	R IN U. S. ARMED F		16. SOCIA	AL SECURITY NO.	17. INF	DRMANT		Address				
	no			705-	-05-483	5(so	n) Charle	s Zin	mmerman.	Old	Tow	m, M	d.
	18. CAUSE OF DEAT	H [Enter only one co	ouse per l	ine far (a)	, (b), and (c).]						INTE	EVAL BETW	FEN
		H WAS CAUSED BY:	a)		Coronar	cyoc	clusion				UNS	Sud	den
	420.1	DUE TO											
)	Canditions, if an		b)		Coronar	cy s	clerosis					?	
/	gave rise to immed	liote cause		-									
А	(a), stating the u	nderlying	(c)										
Z	PART II, OTH			S CONTRIE	BUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
And													NO THE
FIC	20g. EXTERNAL CAU	ISE WAS	20b. DESC	RIBE HOV	V INJURY OCCUR	RED. (Ente	er noture of injury in Par	t I or Port II	of item 181			11.2	140 [34
CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.	ITRIBUTING [(2			or nem ro.y				
	20c. TIME OF INJUR	Y Month, Day, Y	ear 2	od. INJUR	Y OCCURRED 20	e. PLACE	OF INJURY (Hame, form	n 201 (Cit	y or fown)	ıcı	ounty)		(State)
MEDICAL	Hour a. m.		V	Vhile	Nal white_	factory	, street, office bldg., etc	.)	,	10.	20,11177		(31016)
*	p. m.	15 - A. I. Anneli, objects		work 🗌		l abassa	hald as Autori	i .	ISP1				1.
						-	, held an Autaps	· beaut	nspection 🔭		ry 📑	_	d in my
	apinian death	resulted fram:	Nature	al cause	s 🕍, Accid	lent	, Suicide ,	Hamicide	Undete	ermined	mann	er [
	ACTUAL A	1V)	*	9 711.								DATE S	IGNED
	SIGNATURE /	: 1: WEW	none	9 111.	Ni	/	A.D. CHIEF MEDICAL E		State of the second				
	EXAMINER'S TJ	W Domin	~ 14	D			ASSISTANT MEDIC					,	
	NAME (Type)	.V.Demin		D.			DEPUTY MEDICAL				1958	5	
72	REMOVAL (Specify)	N, 226. DATE THERE	OF		NAME OF CEMETE				ATION (City, town,			(Stat	e)
-	Burial		958	R	ose Hil	1 Ce	metery		berland				
23.	FUNERAL DIRECTOR'S		1:		ADDRESS	1/1/2		D BY REGIS		STPAR'S SI	GNATY	RE	
	James F.	Scarpel	ولمل	Cuill	berland	, Md	. DATE A	PHIU	'58 UW	- ed	uch		

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